

CITY OF MANCHESTER  
EDUCATION COMMITTEE

ANNUAL REPORT  
ON THE  
SCHOOL HEALTH SERVICE  
FOR THE YEAR  
1951

C. METCALFE BROWN, M.D., D.P.H.

BARRISTER-AT-LAW

SCHOOL MEDICAL OFFICER  
MEDICAL OFFICER OF HEALTH





SCHOOL HEALTH DEPARTMENT,  
EDUCATION OFFICES,  
DEANS GATE, MANCHESTER 3.

*To the Chairman and Members of the Education Committee.*

LADIES AND GENTLEMEN,

I have much pleasure in presenting the Report for 1951 on the work of the School Health Service.

As has been necessary in previous years, I would again like to draw attention to the numerous changes that have occurred amongst the staff, and the consequent interference with the smooth working of the Department. Dr. H. Mary Dick, who was appointed in March 1933, resigned on the 31st August this year to proceed with her studies in mental health. Dr. S. Margaret Bannister and Dr. Sheila Orr, who only joined the staff in 1950, resigned near the close of the year, and two part-time medical officers, who were mainly employed in school inspection work, also resigned for domestic reasons.

Three new medical practitioners were appointed, of whom two took up their duties during the Autumn. We are pleased to welcome to the staff Dr. Ian Taylor and Dr. Purcer Smith. Dr. P. June Armstrong, the third medical officer appointed, is expected to start work early in the new year.

The School Health Service suffered a grievous loss when Dr. W. Mary Burbury, Medical Director of the Child Guidance Clinic, resigned in August to take up a consultant's post with the North East Metropolitan Regional Hospital Board. Dr. Burbury was the first Director of the Clinic when it was inaugurated by a voluntary body, and she joined the Committee's service almost 14 years ago at the time the Clinic was taken over. Her post remained vacant because the future set-up and administration of the Clinic was still under consideration by the Committee. Dr. Burbury has, however, not completely lost touch with the work in Manchester, since she continues as a lecturer in the training course for psychiatric social workers at the University which asked the Committee's permission for her to hold practical classes at the Clinic once a fortnight. I am indebted to her for so kindly accepting responsibility for a contribution to the report on the year's work done by the Child Guidance Service.

The staff at the Clinic has been further sadly depleted by the resignation of Miss J. C. Guthrie who was the first, and for many years the Senior Psychiatric Social Worker.

Reference was made in last year's report to an investigation which was being undertaken into the foot-health of Manchester pupils. The data furnished, referred to in the body of this report, proved conclusively the prevalence of a large number of foot defects, and the need for a school chiropody service. An establishment post for a part-time chiropodist was made, in the first instance, for two sessions each week, and in December,

Miss Sloan, a part-time lecturer at the Manchester School of Chiropody and Foot Hospital, was appointed.

During 1951, the first complete year since the inauguration of the scheme, immunisation against diphtheria was made available to all pupils at a routine medical inspection in each school. Nearly one third of the school population volunteered and were given either primary immunisation or a booster dose. This is a very satisfactory figure, and does not indicate a poor acceptance rate since many of the children were not eligible. The results of immunisation are now becoming increasingly obvious and there were no deaths from diphtheria during the year, an immunity enjoyed by 70 of the 83 County Boroughs in England. A vigorously pursued immunisation programme may soon free the country entirely from this once dreaded disease.

There were one or two small outbreaks of a minor form of food poisoning, attributable to school meals, but otherwise there was a lower incidence of infectious diseases generally.

In dealing with such matters, the ascertainment of handicapped children who attained their second birthday during the year, and many other problems related to public health generally, a close contact has been maintained with the City's Health Department, whose staff have always shown the greatest willingness to assist in every way.

During the year, the B.C.G. trials scheme got well under way, and three groups of school leavers were dealt with. Over 6,000 pupils were eligible and of these 64% volunteered and 50% were finally selected for the trial. Any child with a doubtful X-ray was excluded and referred for further investigation to the Chest Clinic. The final number was rather less than was originally anticipated by the Medical Research Council, and it is therefore intended to examine a further number of groups during next year. The "follow-up" of the first group of pupils taking part started in December and this necessitated over 1,400 additional home visits by the school nursing staff.

Mass Miniature Radiography examination was again available to all school leavers, except those from secondary modern schools, and it was hoped that they would be X-rayed as volunteers in the B.C.G. trials. Next year it is proposed to stagger the dates of the two schemes, so that all school leavers, including those not entering the vaccine trial, will be offered an X-ray at the School Mass Radiography Centre. It is interesting to note that in this year's survey, thirty-six boys and girls, or 2% of those examined had to be X-rayed a second time on a larger film, and of those, twenty-two required a fuller clinical examination. Thirteen of this latter number were considered to need further observation at the Chest Clinic, and two were subsequently diagnosed as suffering from active lung tuberculosis. They will no doubt soon recover under appropriate treatment, and serious permanent damage be prevented.

The contribution to this report by the Ear, Nose and Throat Consultants reveals a pleasing reduction in the waiting list for operations, particularly for the removal of unhealthy tonsils and adenoids. This has been mainly due to two factors: firstly, the opening of another centre for operations upon children living on the south side of the city and, secondly, the fact that



the usual sessions at the one-time Corporation Children's Hospital were continued without a break.

The cost of treatment, of ear cases particularly, has risen sharply, due to the high price of antibiotic drugs, but this is largely offset by the marked reduction in the number of cases, and the shortening of the time required for a cure. It will be noted that sensitivity tests are made to find the appropriate type of these expensive drugs before regular treatment is begun.

Consideration was given to the possibility of re-opening classes for partially-sighted pupils — classes which had to be closed in the early days of the War. In the light of modern ophthalmological opinion, however, it was found that very many of the children on the waiting list were not really in need of special educational treatment in special classes, but could obtain all the special education required by wearing spectacles and occupying a favourable position in the front of the class. There remained only about twenty-two children who had vision so defective that attendance at a special class was necessary, and it seems possible that early next year two classes, a junior and a senior, may be opened for these children. Other neighbouring Local Authorities were approached and arrangements may permit the attendance of eight of their partially-sighted pupils also.

An increased number of delicate and debilitated children were accommodated during the year at Dr. Garrett's Memorial Home Special School, Conway, which reverted to its original status of convalescent home, without formal educational facilities.

With the lessened demand for the services of dentists under the National Health Service, there seems to be a good prospect of improvement in the staffing position of the school dental service next year. Two new dental surgeries were nearing completion towards the end of this year, and those and two of the mobile dental units are expected to be put into commission shortly. In spite of the many difficulties and shortage of staff, a slightly greater number of children received dental treatment during 1951. The senior dental officer points out, however, there are still no grounds for complacency.

Slightly more children with defective vision were seen during the year, although fewer spectacles were prescribed. These figures indicate that the waiting period before examination has been shortened and more pupils in need have now obtained their glasses. There continued to be, however, many demands for the repair or replacement of spectacles. In many such cases there has been a reluctance on the part of the assistant ophthalmic medical officers to issue a form authorising the replacement or repair of spectacles for children whose eyes were not tested at a school clinic and it was not known whether the original glasses were still suitable or otherwise.

The surveillance of children for infestation has been continued vigorously and it is very gratifying to be able to show that a progressively decreasing number of verminous children have been found during the past five years ; reduction of approximately 1,000 each year, from 15,200 in 1947 to 0,600 in 1951.

Under the auspices of the School Medical Officers' group of the Society of Medical Officers of Health, the Chief Assistant School Medical Officer

arranged a week-end refresher course open to all school medical officers in the country on 29th and 30th March, in Manchester. Thanks to the willing co-operation of Professor Lambert, Professor and Mrs. Ewing, and other members of the University staff, who so kindly gave up their week-end, the Course was a great success and much appreciated by the delegates. So many applications were received, however — more than 130 — that only half could be accommodated, and it is proposed to arrange a repeat course about the same time next year. The subject chosen was deafness in school children, and covered ascertainment, special educational and medical treatment. In addition, a very interesting and informative visit was paid on the Saturday morning to the Royal Residential Schools for the Deaf, Old Trafford, where the education of deaf and partially deaf pupils was explained and demonstrated by the staff.

Certain changes in the residential special school provisions were made during the year, but much more remains to be done. The accommodation at Bostock Hall for educationally subnormal pupils was increased to 40 places, but more will not be available until considerable structural alterations can be undertaken. Buglawton Hall, the premises to be used as a residential school for maladjusted pupils, still needs minor adaptations, work delayed by the economy drive. Negotiations for the purchase of Great Moreton Hall were almost completed by the end of the year, but considerable redecoration and a number of alterations will be necessary before it can be used as a special school for about a hundred delicate children. The Margaret Barclay School for Crippled Children was redecorated and minor improvements made during the year. This necessitated a temporary reduction in the number of pupils accommodated to forty-five, a number which will be maintained until additional dormitory provision is available on the ground floor. This alteration has been found desirable because more and more severely handicapped and crippled children are being admitted.

This year it is a pleasure to include, for the first time, a report from the Headmistress of the special school conducted in the Abergelle sanatorium for children suffering from all forms of tuberculosis. When this hospital was taken over by the local Regional Hospital Board, arrangements were made for the Education Committee to accept responsibility for the educational facilities.

In all these schools, one of the greatest problems has been the replacement and recruitment of suitable nursing and domestic staff.

Medical inspection in school continued throughout the year and the total number of pupils examined has exceeded that of every year subsequent to the beginning of the second world war, in spite of the recent increase in the length of school holidays. The consensus of opinion of assistant school medical officers is that the standard of health generally has been maintained although statistically there appears to have been a slight shift of the nutritional curve towards the lower end of the scale. This change may be fortuitous, or may possibly indicate a lower purchasing power of parents generally, particularly in relation to alternative and unrationed articles of diet. On the other hand, in the report of the nutritional survey undertaken by Medical Officers from the Ministry of Health — referred to last year —

doubt is expressed about dietary deficiency in Britain to-day being responsible for alterations in the state of children's nutrition. Further research may bring new facts to light, but in the meantime it is safe to say that the nutritional state and general health of Manchester pupils, as a whole, has never been better.

The Chief Assistant School Medical Officer and the Principal Administrative Assistant have been largely responsible for the preparation of this report, and my thanks are due to them and other members of the staff of the Education Committee including the School Health Department, for their contributions to this report and their generous help during the year.

My thanks are also due to the Chairman and Members of the Education Committee for the interest and encouragement they have shown, and to the Chief Education Officer and school teachers for their willing co-operation.

I am, Mr. Chairman, Ladies and Gentlemen,

Yours Obedient Servant,

CHARLES METCALFE BROWN,  
*School Medical Officer.*



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MEMBERSHIP OF THE SCHOOL HEALTH SERVICES SUB-  
COMMITTEE DURING THE MUNICIPAL YEAR, 1951-52

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The Rt. Rev. Bishop J. L. WILSON

APPOINTED BY THE PUBLIC HEALTH COMMITTEE:

*Chairman of the Public Health Committee:*

Councillor EVELINE HILL

*Chairman of the Maternity and Child Welfare Sub-Committee:*

Councillor HANNAH BALDWIN

## STAFF

*School Medical Officer*

*Medical Officer of Health*

C. METCALFE BROWN, M.D., D.P.H., Barrister-at-Law

*Chief Assistant School Medical Officer*

E. MALCOLM JENKINS, M.B., CH.B., D.P.H.

*Senior Assistant School Medical Officer*

HENRY DUGUID, M.D., D.P.H., Barrister-at-Law

*Assistant School Medical Officers*

\*MARGARET BANNISTER, M.B., CH.B., D.P.H.

SHEILA BRIDGEFORD, M.D., D.P.H.

MARGOT COOK, M.D., D.T.M.A.H.

CAROLINE R. CRYSTAL, M.B., CH.B., D.P.H.

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DOROTHY GUEST, M.B., CH.B., D.O.M.S.

GERALD JOHNSON MARKS, M.B., CH.B.

MARY A. J. MELVILLE, M.B., CH.B.

JOAN ELIZABETH NUTTALL, M.B., CH.B., D.P.H.

\*SHEILA C. ORR, M.B., CH.B.

NORAH REGAN, M.D.

SAMUEL FORSHAW REYNOLDS, M.R.C.S.,  
L.R.C.P.

WALTER EATOCK RIGBY, M.B., CH.B.

ELSPETH CALDERWOOD SMITH, M.A., M.B.,  
CH.B., D.P.H.

C. H. PURCER SMITH, M.B., CH.B., D.L.O.

IAN G. TAYLOR, M.B., CH.B.

JOSEPHINE WALMSLEY, M.D., D.P.H.

*Part-time Temporary Assistant School Medical Officers*

D. OSWALD TAYLOR, M.D., B.S.C., D.P.H.

SIEILA COBURN, M.R.C.S., L.R.C.P.

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ELIZABETH STOKES, F.R.C.S.I.

GEORGE W. MATTHEWS, M.R.C.S., L.R.C.P.

BRUNO BOAS, M.D.

MARGARET ROBINSON, M.B., CH.B.

WILLIAM F. SCOTT, M.B., CH.B.

*Consultant Officers — Part-time*

*Hon. Consultant Orthopaedic Surgeon*: SIR HARRY PLATT, F.R.C.S., M.S.

*Hon. Consultant Paediatrician*: WILFRED GAISFORD, M.D., F.R.C.P.

*Ophthalmologist*: HARRY V. WHITE, M.C., M.D.

*Oto-Laryngologist*: MAXWELL J. MAXWELL, D.L.O., F.R.C.S.

*Orthopaedic Surgeon*: JOHN L. MANGAN, F.R.C.S.I.

*Psychiatrist and Medical Director of Child Guidance Clinic*

\*WINIFRED MARY BURBURY, M.A., M.B., B.S., D.P.M.

*Psychiatrists — Part-time*

JOHN FREDERICK WILDE, B.A., M.D., D.P.M.

MARGARET PLATT, M.B., CH.B., D.P.M.

ALFRED MODEL, M.D., L.R.C.P., L.R.C.S.

*Educational Psychologist*: ANTHONY J. YOUNG, M.A., B.ED.

*Psychiatric Social Workers*

MARAH B. BUNN (Mrs.)

IRENE LISSMAN

ELIZABETH SHEPHEARD

*Consultant Orthodontist*: ADRIAN G. BATTEN, L.D.S., R.C.S.

*Senior Dental Officer*: JAMES BYROM, L.D.S.

*Dental Officers*

BERNARD C. BETTS, L.D.S.

BENJAMIN BROWN, L.D.S.

ALFRED L. CRAGGS, L.D.S.

DENNIS G. DORAN, L.D.S.

GILBERT G. ELLIS, L.D.S.

N. B. GLICKMAN, L.D.S.

GORDON L. LINDLEY, L.D.S.

ROBERT J. PYE, L.D.S.

ELIZABETH TIMPERLEY, L.D.S.

*Part-time Dental Officers*

L. H. ARMSTRONG, L.D.S.

JOYCE HOUGIE, L.D.S.

MAGGIE ROBINSON, L.D.S.

BARBARA TORR, B.D.S.

MURIEL M. WILSON, B.D.S.

*Speech Therapists*: FLORENCE M. ASHWORTH, B.A., L.C.S.T., BERNADETTE M. PEGGE, L.C.S.T.,  
CYNTHIA R. BEER, L.C.S.T., AUDREY WOLSTENHOLME, L.C.S.T.,  
ROSE M. R. BANNISTER (Mrs.), L.C.S.T.

*Chiropodist*: NORAH W. SLOAN (*Part-time*)

*Physiotherapists*

*Full-time*:

ARTHUR ALLEN

MYRA COHEN

NORA S. HARRISON

*Part-time*:

JOAN M. CHURCHILL

HAZEL H. KAY (Mrs.)

ELIZABETH M. PRATT

DOROTHY J. MAGILL

DAVIDA V. DYER

\* Resigned in 1951

*Superintendent School Nurse*: F. ELLIOTT HETHERINGTON

*Principal Administrative Assistant*: K. E. BENSON

## SCHOOL CLINICS

### MISCELLANEOUS MINOR AILMENTS CLINICS INCLUDING DENTAL CLINICS

ANCOATS .. .. .	Cannel Street, Ancoats, Manchester 4. Tel. : COL 2920
CENTRAL .. .. .	Medical Department, Education Offices, Deansgate, Manchester 3. Tel. : BLA 8622
CHEETHAM .. .. .	Corner of Smedley Street and Cheetham Hill Road, Manchester 8. Tel. : COL 1622
GORTON .. .. .	Gorton Road, West Gorton, Manchester 12. Tel. : EAS 1489
LEVENSHULME .. .. .	963 Stockport Road, Levenshulme, Manchester 19. Tel. : RUS 1663
MOSTON .. .. .	16 Moston Lane, Harpurhey, Manchester 9. Tel. : COL 1007
NEWTON HEATH .. .. .	Pilling Street, Oldham Road, Newton Heath, Man- chester 10. Tel. : COL 2646
NORTHENDEN .. .. .	Municipal School, Bazley Road, Northenden, Man- chester. Tel. : WYT 2652
OPENSHAW .. .. .	1460 Ashton Old Road, Hr. Openshaw, Man- chester 11. Tel. : DRO 1429
SHAKESPEARE STREET .. .. .	67/69 Shakespeare Street, Chorlton-on-Medlock, Manchester 13. Tel. : ARD 1010
STRETFORD ROAD .. .. .	263 Stretford Road, Hulme, Manchester 15. Tel. : MOS 1529

### DENTAL CLINICS ONLY

BUTLER STREET .. .. .	Butler Street, Ancoats, Manchester 4. Tel. : COL 1423
JOHNSON STREET .. .. .	Johnson Street, Bradford, Manchester 11. Tel. : EAS 1606

### SPECIAL CLINICS

ORTHOPAEDIC CLINIC .. .. .	Goulden Street, Oldham Road, Manchester 4. Tel. : DEA 4803
CHILD GUIDANCE CLINIC .. .. .	54 High Street, Chorlton-on-Medlock, Manchester 13 Tel. : RUS 3686
SPEECH THERAPY CLINICS .. .. .	54 High Street, Chorlton-on-Medlock, Manchester 13 Tel. : RUS 3686 67/69 Shakespeare Street, Chorlton-on-Medlock Manchester 13. Tel. : ARD 1010 Pilling Street, Oldham Road, Newton Heath, Man- chester 10. Tel. : COL 2646 Municipal School, Bazley Road, Northenden. Tel. : WYT 2652 Gorton Road, West Gorton, Manchester 12. Tel. : EAS 1489 Corner of Smedley Street and Cheetham Hill Road Manchester 8. Tel. : COL 1622
CARDIO-RHEUMATIC CLINIC .. .. .	Medical Department, Education Offices, Deansgat Manchester 3. Tel. : BLA 8622
OPHTHALMIC CLINIC .. .. .	Medical Department, Education Offices, Deansgat Manchester 3. Tel. : BLA 8622.
OTO-LARYNGOLOGICAL CLINIC .. .. .	Medical Department, Education Offices, Deansgat Manchester 3. Tel. : BLA 8622
AUDIOMETER CLINIC .. .. .	Medical Department, Education Offices, Deansgat Manchester 3. Tel. : BLA 8622
ORTHODONTIC CLINIC .. .. .	67/69 Shakespeare Street, Chorlton-on-Medloc Manchester 13. Tel. : ARD 1010



# DISEASE OR DEFECT

School Clinic	Examination of Educationally Sub-Normal Pupils	Examination of Epileptic Pupils	Examination of Physically Handicapped Pupils	Examination of Children requiring Convalescent Treatment	Examination for Employment of School Children	Examination of Staff and Teachers	Examination for Defective Vision	Treatment of Miscellaneous Minor Ailments	Treatment of Ear Disease	Treatment of Minor Orthopaedic Defects	U.V.R. Treatment	X-ray Treatment	Chiroprody	Dental Treatment
Ancoats..	1	2.5	2.5	1	1	2	4	11	11		5	1		4
Central ..	3				1		4		6					
Cheetham ..	1.5				1		5	11	11					8
Gorton ..	1.5				1		7	11	11	1				7
Levenshulme ..	.5				1		4	11	11					6
Moston ..	1				1		4	11	11					7
Newton Heath ..	1				1		4	11	11	1			1	7
Northenden ..	1.5				1		5	11	11	1				9
Openshaw ..	.5				1		3	11	11					4
Shakespeare Street ..	2.5				1		7	11	11	1	5		1	5
Stretford Road ..	2				1		7	11	11					10
Butler Street ..								11	11					6
Johnson Street ..								11	11					6
TOTALS ..	16	2.5	2.5	1	11	2	54	110	116	4	10	1	2	81

## CONSULTANT SERVICES AND SPECIAL CLINICS

Audiometer Clinic..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 sessions
Cardio-Rheumatic Clinic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	1 session
Child Guidance Clinic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	12 sessions
Ophthalmic Clinic..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 sessions
Orthodontic Clinic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	4.5 sessions
Orthopaedic Clinic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	11 sessions
Oto-Laryngological Clinic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2 sessions
Speech Therapy Clinic ..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	51 sessions

## RESIDENTIAL SPECIAL SCHOOLS

*Summerseat Open-Air School for Delicate Girls*, near Bury, Lancashire.

*Matron* : Miss T. STOKES. Tel. : Ramsbottom 2165.

*Head Mistress* : Miss LILLIE IRENE ALCOCK.

*Visiting Medical Officer* : Dr. H. KELSEY, Barwood Mount, 179 Bolton Street, Ramsbottom, Lincs. Tel. : Ramsbottom 3149.

*Soss Moss School for Epileptic Children*, Soss Moss, Chelford, Cheshire.

*Matron* : Miss E. A. SMITH. Tel. : Alderley 2134.

*Head Master* : Mr. HOWARD BURTON.

*Visiting Medical Officer* : Dr. WM. VILLIERS WALLACE, Alderley Edge, Cheshire. Tel. : Alderley 2340.

*The Margaret Barclay Residential School for Crippled Children*, Mobberley Hall, Mobberley, Cheshire.

*Matron* : Miss N. M. A. TOWNSEND. Tel. : Mobberley 2121.

*Head Mistress* : Miss ELSIE DUFFY.

*Visiting Medical Officer* : Dr. CHAS. HUBERT GATTIE, Mobberley, Cheshire. Tel. : Mobberley 2158.

*Styal Open-Air School for Delicate Boys and Girls*, Styal, Cheshire.

*Matron* : Miss U. M. BRIDGEWATER. Tel. : Wilmslow 2393.

*Head Mistress* : Miss MARY WEBSTER.

*Visiting Medical Officer* : Dr. RALPH EDMONDSON, "Earlsdene," Albert Road, Cheadle Hulme, Stockport. Tel. : HULme Hall 527.

*Bostock Hall Residential School for Educationally Sub-Normal Pupils*, Middlewich, Cheshire. Tel. : Middlewich 3252.

*Head Mistress* : Miss MONA EDWARDS.

*Visiting Medical Officer* : Dr. R. D. JONES, Ivy House, Middlewich. Tel. : Middlewich 130.

## DAY SPECIAL SCHOOLS

*Day Open-Air School for Delicate Children*, Middleton Road, Crumpsall, Manchester 8.

*Head Mistress* : Miss F. M. NIELD. Tel. : CHE 1073.

*Visiting Medical Officer* : Dr. MARY A. J. MELVILLE, Assistant School Medical Officer.

*Lancasterian Day Special School for Crippled Children*, at Dr. Rhodes Memorial Home, Cavendish Road, West Didsbury, Manchester.

*Head Mistress* : Miss E. SLINGER. Tel. : DID 5172.

*Visiting Medical Officer* : Dr. CAROLINE CRYSTAL, Assistant School Medical Officer.

*Cheetham Special School for Educationally Sub-Normal Pupils*, Smedley Street, Manchester 8.

*Head Mistress* : Miss GLADYS E. MURRAY. Tel. : COL 2548.

*Embsay Street Special School for Educationally Sub-Normal Pupils*, Hulme, Manchester 15.

At Hulme : *Head Mistress* : Miss EDITH HILL. Tel. : MOS 3171.

At Sharston : *Teacher-in-Charge* : Mr. J. TIMS.

*Gorton Special School for Educationally Sub-Normal Pupils*, Belle Vue Street, Gorton, Manchester 12.

*Head Master* : Mr. ROBERT LEWIS. Tel. : EAS 1822.

*Grange Street Special School for Educationally Sub-Normal Pupils*, Bradford, Manchester 11.

*Head Master* : Mr. JAMES T. WESLEY. Tel. : EAS 1740.

*Hague Street Special School for Educationally Sub-Normal Pupils*, Newton Heath, Manchester 10.

*Head Master* : Mr. HERBERT GILL. Tel. : COL 1969.

## HOSPITAL SCHOOLS

*Abergele Sanatorium School*, North Wales.

*Head Mistress*: Miss MABEL PARK. Tel.: Abergele 2295.

*Booth Hall Hospital School*, Charlestown Road, Manchester 9.

*Head Master*: Mr. LESLIE CUNLIFFE. Tel.: CHE 2254.

## HOSTEL

*Ribble Lodge Hostel for Educationally Sub-Normal Pupils*, Dickenson Road, Manchester 14.  
Tel.: RUS 5294.

*Warden*: Miss GLADYS E. MURRAY, Head Mistress, Cheetham Special School.

*Visiting Physician*: Dr. J. N. L. THOSEBY, 78 Stanley Grove, Manchester 12.

## SUMMARY

The following table outlines briefly, under the main headings, the volume of work undertaken during the year:

"Periodic" medical inspections in schools.. .. .	29,578
"Special" medical inspections in schools and clinics .. .. .	52,087
Re-inspections in schools and clinics .. .. .	64,402
Medical inspections in schools <i>re</i> infectious diseases .. .. .	835
Dental inspections — routine and special .. .. .	48,452
Dental treatment — number treated .. .. .	24,654
Inspections by nurses in schools for uncleanness.. .. .	398,834
Cleansing notices issued .. .. .	834
Pupils cleansed compulsorily.. .. .	254
Inspections in schools by nurses — other than uncleanness .. .. .	24,335
Home visits by school nurses .. .. .	6,719
Attendances — school clinics.. .. .	318,526
Pupils treated by X-ray for diseases of skin .. .. .	81
Minor ailments, excluding uncleanness .. .. .	35,850
Operations for diseased tonsils and adenoids .. .. .	527
Pupils X-rayed by mass miniature radiography .. .. .	1,790
Diphtheria — pupils immunised .. .. .	32,371

## CITY OF MANCHESTER

### GENERAL STATISTICS

Area, in acres .. .. .	27,256
Population .. .. .	699,600
Density of population (persons per acre) .. .. .	26
Rateable value .. .. .	£6,404,467
Rateable value produces (estimated) .. .. .	£25,400

### School Population:

Number of primary and secondary school departments .. .. .	372
Number of children on registers .. .. .	105,972
Number of pupils under five years of age .. .. .	7,455
Number of special schools .. .. .	14
Number of children on registers .. .. .	1,442

## MEDICAL INSPECTION

Medical inspection of children attending school continued during 1951 in accordance with the Committee's scheme which was approved by the Ministry of Education as fulfilling the requirements of the Handicapped Pupils and School Health Service Regulations 1945.

The three selected age groups are designated :—

### FIRST AGE GROUP

which contains all children entering schools for the first time, whether at 3, 4 or 5, as soon as possible after admission.

### SECOND AGE GROUP

which contains all children in their last year of attendance at primary schools, that is between 10 and 11 years old.

### THIRD AGE GROUP

which contains all children in their last year of attendance at Secondary or High Schools, that is between 14 and 15 in Secondary Schools and 15 and 16 in High Schools.

Additionally, arrangements are made for special examinations, either at schools or clinics, of children, referred by parents, teachers and School Welfare Officers, as needing medical supervision or treatment.

Re-inspection is also undertaken of children found at a previous examination to require treatment.

School nurses also test the vision of all 8 year old children, and visit each school regularly for "following-up" procedure and cleanliness inspection.

During 1951 the numbers examined in each category were as follows :—

	<i>In Schools</i>	<i>In Clinics</i>
First Age Group .. ..	12,020	—
Second Age Group .. ..	8,350	—
Third Age Group .. ..	6,985	—
Other Periodic Inspections ..	2,223	—
Special Inspections .. ..	1,194	50,893
Re-inspections .. ..	6,239	58,163

The detailed findings of medical inspection are given in Tables II (a) and II (b) at the end of this report.

A comparison shows that there is an increase in the number of defect found, particularly of skin diseases and minor ailments. This may be accounted for by an increase of almost 6,000 in the number of "Specials" examined, as these cases almost always yield a defect requiring treatment.

The general condition of children was assessed by Medical Officers, as in each year since 1948, under three headings :—

- A — Excellent.
- B — Normal or average.
- C — Subnormal and Poor.

The figures for the four years are appended. There is a small decrease in the percentage classified A in 1951 and a corresponding increase in



categories B and C compared with 1950, but the figures still remain higher than those for 1948 and 1949.

Year			Number Examined	Category		
				A %	B %	C %
1948	..	..	25,878	22.4	74.1	3.4
1949	..	..	25,993	25.8	71.4	2.8
1950	..	..	29,000	32.2	65.4	2.3
1951	..	..	29,578	30.15	67.19	2.66

## TREATMENT

The arrangements for the provision of medical and special educational treatment under the School Health Service remain substantially the same as in previous years with the additions during 1951 of the establishment of chiropody treatment at Stretford Road and Newton Heath Clinics (a statement appears elsewhere in the Report) and of the treatment of respiratory defects by means of breathing exercises at Cheetham, Gorton, Northenden and Stretford Road Clinics.

The following list shows what treatment is available through the School Health Service scheme :—

- (a) School Clinics — Treatment of minor ailments, defective vision, skin diseases, ear diseases, ultra-violet ray therapy and X-ray treatment of scalp ringworm and other infections of the skin.
- (b) School Dental Clinics — Treatment of dental caries, extractions and orthodontic treatment.
- (c) Special Clinics — (1) Child Guidance, (2) Orthopaedic, (3) Audiometer, (4) Speech Therapy, (5) Ear, Nose and Throat, (6) Ophthalmic, (7) Cardio-Rheumatic, (8) Breathing Exercises, (9) Chiropody.
- (d) Day Special Schools — (1) Educationally Sub-Normal Pupils, (2) Crippled Pupils, (3) Delicate Pupils.
- (e) Residential Schools — (1) Crippled Pupils, (2) Epileptic Pupils, (3) Delicate Pupils, (4) Educationally Sub-Normal Pupils, (5) Hostel for Educationally Sub-Normal Pupils.
- (f) Hospital Treatment — Booth Hall Hospital for Sick Children.
  - (1) Operative Treatment for Ear, Nose and Throat defects.
  - (2) Operative Treatment for Orthopaedic conditions.
  - (3) General medical and surgical treatment.
- (g) Convalescent Treatment — at Convalescent Homes (excluding residential schools) provided by other agencies.

Parents have, of course, always the option of accepting for their children, treatment provided by the School Health Service or by private medical practitioners and hospitals. The responsibility of the Service is to ensure that every school child who requires medical treatment receives it in one way or another.

The School Nurses keep under supervision, by school or home visits, children whose parents choose treatment facilities other than those provided by the School Health Service. These children are also re-examined

by the Assistant School Medical Officers during routine medical inspections in school. The nurses also keep under close supervision children about whom there is some doubt whether or not they are receiving adequate treatment. Where the School Nurses' supervision fails to obtain the desired result, the parents are interviewed by the Chief Assistant School Medical Officer or the Superintendent of School Nurses to whom they are expected to give reasons for their apparent neglect, and by whom they are urged or warned to procure treatment. The efficacy of the system of nurses' visits is shown by the fact that during the year it was considered necessary to interview only 34 parents. A considerable factor in the success of these arrangements is due to the assistance given by the teachers and welfare officers and the willing co-operation of private and hospital doctors.

Children who attend the Committee's Residential Schools are under constant medical supervision by local medical practitioners, who visit the schools regularly and are "on call" should emergencies arise

## SCHOOL CLINICS

As in previous years nearly all the school clinics were open all day from Monday to Friday, and on Saturday mornings, with the exception of statutory holidays, thus assuring continuity of treatment both during term time and school holidays. The names and addresses of the clinics and a table showing the number of sessions held, are given at the beginning of this report.

The total attendance at clinics (not including dental cases) during 1951 was 318,526, an increase of over 39,000 on the year 1950. This total includes attendances of children for immunisation against diphtheria and for inoculation against tuberculosis with B.C.G. vaccine.

It would appear from this increase that more parents are utilising the facilities at school clinics, because they can obtain quicker attention. It has been found also that many private doctors advise parents to take their children to the school clinics for treatment of minor defects.

Certain details are given below respecting children treated for various minor ailments. The collected figures are shown in Table IV at the end of this report.

## SKIN DISEASES

**RINGWORM.** During the year 22 cases of ringworm of the scalp and 46 of the body were treated. All suspected and known cases of ringworm of the scalp were referred to the Central Clinic for investigation and treatment if necessary.

Mercurial ointment was used in all cases and it proved so satisfactory that it was not found necessary to use the X-ray apparatus. X-ray therapy was, however, used for the treatment of 81 cases of warts and verrucae, etc.

In the last four months of the year there was a noticeable increase of cases of ringworm of the scalp. Whereas in the past four years the incidence has

averaged 6 new cases, this year 14 new cases have been ascertained, 2 of which were receiving treatment at the Manchester Skin Hospital by medical practitioners and were kept under our observation.

A total of 47 cases was referred for diagnosis which consisted of clinical examination with the aid of Wood's lamp, microscopy of affected hairs and cultivation of causative fungus. In the latter procedure, the service has had the valuable assistance of Mr. Geoffrey Daniels, of the Manchester University Department of Cryptogamicbotony.

In the Ministry of Health Bulletin of 1945, J. T. Duncan reported that an investigation in the Midlands and North of England showed that the "human" parasite was almost exclusively responsible for the disease, whereas in the South of England the "animal" types were more prevalent. It is interesting to record that of the 14 new cases diagnosed by our officers as due to *Microsporum* only 1 was of the "human type", the remaining 13 being of "animal" origin.

**SCABIES.** During the year 304 children attended the clinics for treatment for scabies, 122 more than in 1950. The arrangements for treatment were the same as in former years, i.e., baths and the application of Benzyl Benzoate Emulsion. This form of treatment was given at four of the school clinics. Every case was reported to the Health Department to ensure that all members of the families concerned, both under and over school age, received treatment at the same time if they were found to be infected.

**IMPETIGO.** There was also a slight increase in the number of children treated for impetigo — 662, as against 585 in 1950.

**OTHER SKIN DISEASES.** The number of cases treated in 1951 was 5,504, mostly slight in character. Here again there was an increase of 349 over the 1950 figure.

Although in the first three classes of skin disease the returns showed increases, there was a decided decrease, compared with the numbers treated during the war and the previous years. This was no doubt due to better methods of treatment and to the co-operation of Principal Teachers, School Welfare Officers and parents in referring promptly for treatment any defects coming to their notice.

## EYE DISEASE

During 1951 the number of cases of eye disease which were treated at the school clinics was 2,944, a decrease of 422 on the year 1950, which in turn showed a decrease of over 1,000 cases on the previous year, which appears to have been a peak period of a series of yearly increases in the incidence of these diseases.

## DEFECTIVE VISION

In 1951, 10,946 children had tests of vision at the School Clinics, and for 611 glasses were prescribed. The practice of previous years was continued and all children for whom glasses were prescribed were seen in school by



a nurse once a month to ensure that the glasses were being worn and were in good condition. In addition, all children found to have defective vision, whether glasses were prescribed at the clinic examination or not, were examined.

For some time after the inauguration of the National Health Scheme, there was a long delay in obtaining children's glasses after they had been prescribed. Following the recommendations of the Ministry of Health that priority be given by opticians to school-children this period of delay became gradually shorter. The average waiting time towards the end of the year was about three weeks.

Children with more serious eye diseases and defects were referred to the Ophthalmic Clinic at the Education Offices, where they were examined by Dr. H. V. White, consulting ophthalmologist to the School Health Service. This clinic is held on two mornings each week. A full report on Dr. White's work is given in later pages of this report.

#### MISCELLANEOUS MINOR AILMENTS

The number of children treated for minor ailments in 1951 was 22,976. The ailments which come under this heading are not usually of a serious nature, and the prompt treatment given ensures that few develop into more serious disorders. This figure also includes the treatment of minor injuries sustained by children as the result of accidents on school premises.

#### EAR, NOSE AND THROAT DEFECTS

During 1951, 3,999 children received treatment at the school clinics for defects of the ear, nose and throat. Of this total, 583 received operative treatment for adenoids, enlarged tonsils and other nose and throat conditions, and 14 for diseases of the ear. The remainder were minor cases of ear disease and nasal catarrh, which received non-operative treatment. A report of the Consultant Otolaryngologist, Mr. M. J. Maxwell, will be found in following pages. Mr. Maxwell attends the Central Clinic twice weekly to examine all children whom the Assistant School Medical Officers consider require operative treatment.

#### ULTRA VIOLET RAY THERAPY

This treatment is given at Ancoats and Stretford Road Clinics. The children receiving treatment are under the supervision of Assistant School Medical Officers, who attend each clinic twice weekly. In addition Ultra Violet Ray Therapy is provided as part of the treatment of physically handicapped children, at the Day and Residential Special Schools for Crippled Children, the Day Open Air School and the Orthopaedic Clinic.

The following table shows the number of children and the types of disease or defect treated at school clinics. Details of this treatment given at the other centres are shown elsewhere in this Report.



TABLE OF DEFECTS

Disease	Remaining under treatment			Discharged— Treatment completed			Ceased to attend before treatment completed		
	31st December 1951								
	Improving	Stationary		Improved	Stationary		Improved	Stationary	
Anaemia ..	14	12	..	57	10	..	4		17
Debility..`	23	23	..	176	11	..	2		61
Bronchitis ..	22	29	..	100	14	..	5		22
Adenitis ..	2	2	..	16	4	..	—		5
Nasal Catarrh ..	—	6	..	11	1	..	—		3
Rheumatism ..	—	1	..	2	—	..	1		1
Asthma ..	—	3	..	5	1	..	—		1
Psoriasis ..	—	—	..	—	2	..	—		3
Alopear..	—	—	..	1	—	..	—		—
Chorea ..	—	—	..	—	—	..	—		1
Rickets ..	—	—	..	—	—	..	—		4
	61	76	..	368	43	..	12		118

A further reference to this form of treatment will be found under the heading "The School Nursing Service".

## THE SCHOOL NURSING SERVICE

Examination of the figures for 1951 relating to the ever present problem of uncleanness amongst school children shows that the price of cleanliness is eternal vigilance, and though the overall position in the Primary Schools and Special Schools shows an appreciable improvement compared with 1950, the results, encouraging as they are, leave no doubt as to the necessity for sustained and energetic efforts to keep the number of infestations within reasonable bounds. It is regrettable, however, that in the case of the Nursery Schools, Nursery Classes and Babies' Classes there is no improvement: indeed the position has deteriorated, probably because of the increasing number of mothers who go out to work and thus neglect the daily treatment so necessary to ensure the cleanliness of their children who are too young to help themselves. In the Primary Schools many of the children have reached an age when they are able to help each other and the result of this supplementation of the work of the School Nurses is reflected in the figures for the year, during which the number of children examined increased by approximately 21,000, while the numbers of those found to be infested decreased by approximately 1,300. From the figures for 1950 and 1951 quoted in Table I, which gives full details of the work carried out, it will be appreciated how much of the time and energy of the School Nurses have been devoted to this problem.

TABLE I

	Primary Schools		Special Schools	
	1950	1951	1950	1951
(1) Average number of visits to schools .. .. .	18	18	17	16
(2) Total number of examinations of children for uncleanliness .. .. .	273,119	294,071	3,542	2,323
(3) Total number of individual children found unclean ..	10,710	9,411	159	76
(4) Total number of examinations other than uncleanliness .. .. .	25,865	23,933	372	396
(5) Total number of visits to homes .. .. .	3,210	6,637	6	5

	Nursery Schools		Nursery Classes		Babies' Classes	
	1950	1951	1950	1951	1950	1951
(1) Average number of visits to schools .. .. .	30	21	25	25	31	26
(2) Total number of examinations of children for uncleanliness .. .. .	6,185	4,419	93,200	79,306	21,292	18,635
(3) Total number of individual children found unclean ..	53	34	938	924	319	233
(4) Total number of examinations other than uncleanliness .. .. .	—	—	3	6	5	—
(5) Total number of visits to homes .. .. .	3	4	18	38	3	35

The number of cases of uncleanliness in need of further attention carried forward to 1952 is shown in Table II. The only category which shows no improvement compared with the previous year is that of the Primary Schools, in which the number of cases carried forward to 1952 increased by 58. Taking into account, however, an increase of 2,100 examinations of pupils in these schools, the result really indicates a considerable improvement in the state of cleanliness.

TABLE II

Number of cases of uncleanliness carried forward from 1950 to 1951, compared with those carried forward from 1951 to 1952 :—

	Primary Schools	Special Schools	Nursery Schools	Nursery Classes	Babies' Classes
1950 to 1951 ..	1,119	11	—	24	7
1951 to 1952 ..	1,177	7	—	18	6

Details of the number of examinations of children attending all types of school are set out in Table III.

TABLE III

Total number of examinations of children in connection with uncleanliness .. .. .	398,834
Total number of individual children found unclean .. ..	10,678
Total number of cleansing notices issued .. .. .	834
Total number of cleansing orders issued .. .. .	254
Total number of inspections in school for conditions other than uncleanliness .. .. .	24,335
Total number of home visits .. .. .	6,719
Total number of uncleanliness cases seen at Deansgate (Advisory Clinic) .. .. .	2,654

#### CENTRAL ADVISORY CLINIC

It is gratifying to record the continuance of the excellent results achieved in past years by this Department, and the manifest anxiety of parents to avail themselves of the advice and guidance which is at their disposal, affording ample proof of the success of the policy which initiated the scheme.

The number of cases in which advice was sought during 1951 was 2,654, compared with 2,461 during 1950.

As in previous years, DDT Lotion has been supplied on request at the Central Advisory Clinic and at all other school clinics. The total number of applications for the Lotion was 2,582.

#### CLEANSING NOTICES

During 1951, 834 Cleansing Notices were issued (an increase of 154 over 1950) which resulted in 254 compulsory cleansings. Home visits made as a result of the serving of the Cleansing Notices were 248, this number being additional to 457 home visits made in connection with persistent slight infestation, to which some parents do not appear to attach much importance.

#### SCHOOL CLINICS

This long established service continues to function with its wonted efficiency, treating the usual run of childish ailments and now providing, to an ever-increasing degree, immunisation against diphtheria.

The selection of Manchester as one of the centres for the trial of B.C.G. Anti-Tuberculosis Vaccine has thrown a new responsibility upon the school clinics where these investigations have been carried out. Since the inception of the scheme 928 children have been allowed by their parents to volunteer for vaccination and subsequent observation for a period of three years. A most important feature of the trial consists of enquiries at regular intervals to determine the effects of the vaccination upon the children so treated. This necessitates home visits at stated periods and the preparation of reports in the light of which accurate conclusions can be drawn. So far, 1,446 visits have been made to record the results of 928 vaccinations. Many of these have had to be made in leisure time owing to the impossibility of fitting them in during ordinary working hours.

## REMEDIAL BREATHING EXERCISES

The hopes expressed in the report of 1950 for the continued success and wider use of these exercises have been fully realised. In that year 73 children suffering from Asthma and allied complaints were treated, 20 of whom were discharged "Fit". During 1951 the number of children attending for exercises increased to 188, and of this number 73 were discharged "Fit", 11 were transferred to Day and Residential Open Air Schools, and 7 did not complete the course. 97 children still remain under treatment.

## GRAMOPHONE AUDIOMETER TESTS

This method of determining the degree of deafness in children still commands widespread interest and, but for the breakdown of one of the instruments and of difficulty in allocating sufficient nurses to work the scheme to full capacity, it is safe to say that considerably more cases would have been tested during 1951 than in the previous year.

In these admittedly adverse circumstances the number of tests carried out during the year was smaller, but they would otherwise have shown a clear indication of the growth of the service. The figures for 1951 are given below.

	1951
Number of children tested .. .. .	9,742
Number of children normal.. .. .	9,028
Number of children re-tested .. .. .	714
Number of children normal after re-test .. .. .	463
Number of children defective after re-test .. .. .	251

Of the 251 children whose hearing after re-test was below normal, 87 had a loss of 9 to 12 decibels, which indicates a very slight degree of deafness; 128 had a loss of 15 to 21 decibels, and 36 a loss of 24 to 30 decibels.

## ULTRA-VIOLET RAY THERAPY

It is disappointing to have to report a reduction of 138 in the number of cases treated as compared with the year 1950, but the figures quoted show that the results obtained are roughly proportionate.

	1950	1951
Number of children treated.. .. .	816	678
Number of children discharged — treatment completed .. .. .	491	411
Number of children who ceased attendance before completion of treatment .. .. .	214	130
Number of children still under treatment, December 1951 .. .. .	111	137
Number of treatments given .. .. .	11,910	9,773

## HEALTH VISITOR'S CERTIFICATE

The arrangements follow lines similar to those of past years. The Course started in October and lasted four weeks in the School Health Department. It commenced with an outline of the work by the Superintendent of the School Nurses. Then for two weeks the students worked on the district, visiting schools, attending medical examinations in schools and visiting homes. A similar length of time was spent at the school clinics.

Next year visits will also be paid to Professor Gaisford's Cardio-Rheumatic Clinic and the Breathing Exercises Clinic. A talk will also be given by the Senior Dental Officer on "The School Dental Service".



## THE SCHOOL DENTAL SERVICE

It is regretted that the staffing problem has not materially eased during the year and far too much work of a ~~un~~constructive character must still be done. As in the previous year half of the children seen at the clinics were treated for the relief of pain or septic conditions. The foundation of the nation's dental health should be the services administered by Local Authorities and carried out by full-time officers. In this way only is it practical to offer early preventive treatment and to inculcate the habit of undertaking regular prophylactic measures. With an adequate staff working in useful and dignified premises, regular dental attention soon becomes part of the school life of the young child.

In spite of difficulties, comprehensive dentistry is kept alive by skeleton services offering more advanced forms of treatment to selected cases and whilst of necessity nearly all the time is given to routine work these services could be expanded at very short notice.

The establishment remains at one senior dental officer and eighteen assistant dental officers. During the year there were two resignations and one addition to the staff and thus at the end of the year there were one senior, eight full-time and four part-time assistants, giving a full-time equivalent of 11.9/11 officers. Twelve Surgery Assistants also worked within the department. Dr. Simmons, consulting anaesthetist, visited one session weekly and Mr. Batten visited the orthodontic clinic one session monthly.

The surgery accommodation remained at ten clinics, where we are joint users with the medical side, and two dental clinics. At the time of writing the two new surgeries at Shakespeare Street have been completed and are in use.

A small but steady increase in the amount of treatment given is noted, and the ratio of fillings in temporary teeth to fillings in permanent teeth has fallen. Under present conditions this is proper, as usually it is better to give time to conserving the permanent dentition. During the year 48,652 children were inspected and 24,652 received treatment, half of these for emergency conditions. Statistically there are no grounds for complacency: in fact, the reverse is shown.

The day schools for E.S.N. children and physically handicapped children received visits from the staff, as did the nursery classes and the residential schools at Mobberley Hall, Soss Moss, Summerseat and Styal, as well as Mill Street Day Training School.

Lectures have been given to the School Nurses and Student Health Visitors by the writer.

Booth Hall Hospital undertakes Blood Coagulation tests for children who give a suspicious history of bleeding, and 14 such cases were referred. The Dental Hospital X-ray Department continues to take our X-ray cases, and 133 children were referred for examination for a variety of conditions.

The orthodontic clinic is held at Shakespeare Street and with the limited time given to this popular form of treatment the demand will remain beyond

our capacity for a long time. The table shows the work done there during the year.

Number of children under treatment	..	..	..	..	217
Number of attendances for advice and treatment	..	..	..	..	2,224
Number of appliances fitted	..	..	..	..	256
Number of completed cases	..	..	..	..	162

In addition 451 children were treated, after examination, by judicious extraction of teeth no appliance being considered necessary.

The dental laboratory staff remains at one technician and one indentured apprentice. The latter is now of considerable assistance to the technician. The table shows the activities of the laboratory.

Orthodontic appliances	..	..	..	..	..	259
Dentures	..	..	..	..	..	201
Repairs to dentures	..	..	..	..	..	55
Artificial crowns individually carved and shaded	..	..	..	..	..	7
Cast metal caps	..	..	..	..	..	25
Special impression trays	..	..	..	..	..	38
Record and study models	..	..	..	..	..	561
Handpieces overhauled	..	..	..	..	..	2
Rings cut from girls' fingers	..	..	..	..	..	6

With the present surgery accommodation the establishment necessitates the use of four mobile dental units, and the position in the profession generally at the time of writing gives some hope that at least two of these will be commissioned in the near future.

The proposal to alter the Dentists Act 1921 is now before Parliament and with it the permission of allowing short trained ancillary workers to undertake the more routine forms of treatment. In Manchester the need is lack of premises as well as staff.

The Dental Hospital continues to give treatment to children from three of the Committee's schools and research is being carried out with various types of preventive treatment by the Children's Department of the Hospital. The results to date are of a negative character. I conclude with a report from Mr. J. Miller, M.D.S., head of the Children's Department. The figures given in this report are not included in the statistical table V.

#### REPORT ON WORK CARRIED OUT BY THE CHILDREN'S CLINIC THE HOLY NAME AND HIGHER ORMOND STREET SCHOOLS

Number of attendances for treatment	..	..	..	..	3,875
Number of permanent fillings	..	..	..	..	625
Number of deciduous fillings	..	..	..	..	428
Number of deciduous extractions	..	..	..	..	530
Number of permanent extractions	..	..	..	..	118
Number of other operations	..	..	..	..	130
Orthodontic cases	..	..	..	..	6

#### *Preventive Treatments :*

Oral hygiene .. .. .	2,112
Silver nitrate .. .. .	160
Copper cement .. .. .	340
Sodium fluoride .. .. .	370
* D.M.F. teeth at 5 years .. .. .	6 per child
* D.M.F. teeth at 12 years .. .. .	insufficient numbers
Children caries-free at 5 years .. .. .	6.5%

*\* Teeth decayed, missing or filled.*

There were, at the end of 1951, 1,261 children under treatment, each of whom has been inspected twice during the year.

In spite of serious staff shortages during the middle of 1951 it has been possible to maintain the clinical study of preventive measures for dental caries.

No measure under investigation has demonstrated as yet a practical reduction in the incidence of decay. The investigation in which application of silver nitrate, sodium fluoride and copper cement are made more frequently than once in six months is continuing. No assessment of the effect of such treatment was attempted during the year as it was considered premature. It is hoped to have a preliminary report on these later studies in 1952.

JAMES BYROM

### CHILD GUIDANCE SERVICE

The Child Guidance Service suffered a great loss owing to the resignation in August of the Clinic's Psychiatrist and Medical Director, Dr. W. Mary Burbury, who has taken a consultant post with the North Eastern Metropolitan Hospital Board.

Dr. Burbury entered the Committee's service nearly fourteen years ago and she has been instrumental in building up a comprehensive service, a happy team of workers who have done yeoman work both for the children of Manchester and for many others in the North Eastern region. Through her enthusiasm and industry her name, coupled with that of the Manchester Clinic, has acquired not only national, but an international reputation; furthermore the recognition of the Clinic as a training centre for child psychiatrists, educational psychologists and psychiatric social workers must be entirely attributed to her personality and to her endeavours.

A further loss to the Clinic has resulted from the resignation of the Senior Psychiatric Social Worker, Miss J. C. Guthrie, who has been a well-known and much-liked member of the staff for ten years. She left the service to concentrate more especially on the treatment side of child psychiatry.

The Education Committee are reviewing the organisation of the Child Guidance Service before appointing staff to fill the vacancies, and at the time of writing this statement their decisions are awaited.

The work at the Clinic has continued, however, as it was agreed that the services of the existing part-time psychiatrists be extended in order to reduce, to some extent, the long list of children awaiting examination, and to avoid



bringing the work of the Clinic to a standstill. As a matter of expediency it has been necessary to refuse acceptance of children referred from outside the City.

At the request of the University of Manchester permission was given to Dr. Burbury to hold case conferences at the Clinic on one half-day each fortnight as part of the Department of Psychiatry's training course for psychiatric social workers. Arrangements were also made for Mrs. Shephard, one of the present staff at the Clinic, to continue the practical training of students in succession to the work undertaken by Miss Guthrie.

We are very grateful to Dr. Burbury for kindly contributing the following account of the work and an analysis of the statistics of the Clinic during the year.

#### CHILD GUIDANCE CLINIC

"There have been considerable changes in the personnel during the course of 1951.

Miss Guthrie and I both left in the autumn, the former after ten years' service, and myself after fourteen years. I have taken up work with the N. E. Metropolitan Board, and Miss Guthrie with the County Council of Essex working as a Non-Medical Psycho-therapist at the Colchester Child Guidance Clinic. Dr. Wilde has further reduced the number of his sessions, and is now only giving one session per week.

A small part of the lost psychiatric time has been replaced by an extension of Dr. Platt's sessions and the appointment on a sessional basis of Dr. Alfred Model, who has just completed his training Fellowship with us. We are very thankful to both these people for their help and offer them a warm welcome. There remains, however, a considerable gap in the actual working time, and the Clinic is without a Director. It is also very depleted in its Psychiatric Social Worker time, since it will be remembered that already last year we had lost Miss Stubbs, and were only able to replace her on a part-time basis by Mrs. Bunn. The latter is only working four sessions, and the Clinic has now lost Miss Guthrie, who was the Senior Worker for ten years and has been in charge of the training of the Mental Health students since the inception of the Course.

The result is disastrous: the waiting list, already long, is steadily going up, and the present position is such that only two new cases can be seen in a week, which time is largely occupied by Court cases, to the disadvantage of many seriously disturbed children who urgently need help. As will be seen from the 1950 report, these Court cases are not in any event, for the most part, the ones to whom we feel we can give the most valuable help. It is unfortunate that a clinic with the reputation that this one has, throughout the country and outside it, should be placed in this position in a city which has been in the past one of the country's pioneers in new developments.

The University has also felt the loss, since it has increasingly used the clinic for teaching purposes: and the other Local Authorities who have for years depended on Manchester for help in work of this kind, have also been suddenly deprived of it at a time when they have no possibility of replacing the services which she has hitherto lent them.



Since the change took place in the last quarter of the year it is reflected only slightly in the actual figures attached. The result is a reduction of the number of interviews with parents by 175, interviews with children by 283, and diagnostic interviews by 21.

Under considerable difficulties Mrs. Shepherd has now taken responsibility for the clinical training in Child Guidance of the Mental Health students, but the problem of doing this with the reduced available Psychiatric time is very great.

What we feel is needed is at least a replacement of the lost Psychiatric and Psychiatric Social Worker time : and if the work is to extend to the needs of the area, by the supplementing of the staff by a full-time qualified Non-Medical Psycho-therapist."

Number of cases on waiting list on 1st January 1951	..	..	180
Number of cases referred in 1951	..	..	271
Number of cases seen for diagnostic interviews in 1951	..	..	181
Number of cases closed without diagnostic interview (parents unable or unwilling to attend)	..	..	10
Number of cases referred back to outside authority	..	..	73
Number of cases on waiting list on 31st December 1951	..	..	187
Analysis of Manchester cases referred in 1951 into age on referral —			
Under 5 years	..	..	22
5 years — 7 years	..	..	26
7 years — 11 years	..	..	88
11 years — 16 years	..	..	86
Number of interviews with children	..	..	2,424
Number of interviews with parents	..	..	2,197

#### CASES CLOSED, 1951 :

<i>Diagnostic only :</i>	<i>Manchester</i>	<i>Outside</i>	<i>Total</i>
Advisory	17	10	27
Mentally sub-normal	15	4	19
Social problem	7	3	10
Test only	9	—	9
Placement advised in —			
Approved school	9	4	13
School for maladjusted children	2	4	6
Hospital	1	1	2
Boarding schools or children's home	4	1	5
Treatment offered but not accepted	6	2	8
	70	29	99
<i>Treatment :</i>			
Much improved	19	3	22
Improved	34	2	36
Symptom free	3	—	3
Unimproved	2	—	2
Improved under supervision of P.S.W.	5	—	5
Unable to attend	1	4	5
Unwilling to attend	11	2	13
Social problem	1	—	1
Placement arranged or recommended in —			
Approved school	—	—	—
School for maladjusted children	1	1	2
Hospital	—	—	—
Boarding school or children's home	2	—	2
	79	12	91

W. MARY BURBURY

## ORTHOPAEDIC TREATMENT

Facilities for orthopaedic treatment in the City are available at the main Orthopaedic Clinic, four School Clinics, the Lancasterian Day Special School Clinic and the Margaret Barclay Residential School at Mobberley, Cheshire.

The Committee's Consultant Orthopaedic Surgeon, Mr. J. L. Mangan, usually visits the Orthopaedic Clinic twice each week and the Day and Residential Schools once each fortnight.

Children found with orthopaedic defects by Assistant Medical Officers and those referred by private practitioners are initially examined by the Surgeon at the Orthopaedic Clinic. Following a confirmation of the diagnosis, recommendations for treatment are made by him. Minor defects are referred for remedial exercises and/or electrical therapy by the physiotherapists at the various clinics, while the children suffering from more serious defects are selected for admission to the Day or Residential Special School, according to the nature of the disability.

Arrangements are made with the Regional Hospital Board for operative treatment to be given by the Committee's Orthopaedic Surgeon at Booth Hall Children's Hospital. Post-operative therapy is provided at the Day and Residential Special schools by the physiotherapist under the direction of the surgeon.

Apart from the resignation of a part-time officer in the last quarter of the year, the staff of physiotherapists has remained unchanged. Although there are only the equivalent of 1 3/11ths vacancies it has again been impossible to complete the establishment owing to the continued regional shortage of physiotherapists.

Special treatment for children suffering from the after effects of cerebral palsies — spastics — is continued at the Day and Residential Schools with satisfactory results. Combined chair-tables specially made to the measurement of individual pupils have been provided at the Residential School, and their use has materially assisted in the remedial and special educational treatment and in the domestic life of the children concerned.

The Consultant Surgeon has contributed the following report on his work in the Orthopaedic Department :—

“ In the past year the work at the three centres has been progressing very favourably. The Orthopaedic Clinic is still under-staffed. Unfortunately, it is very difficult to obtain an extra physiotherapist, in spite of repeated advertisements. However, Miss Harrison and her staff are managing very well and the main difficulty is in getting children on treatment as soon as it is ordered. Under the circumstances, the most urgent cases are taken immediately and the not so urgent cases are put on a waiting list, which is worked down as quickly as possible.

The Lancasterian Day Special School is now absorbing a great deal of out-patient work, owing to the mass removal of a number of families from the North Manchester region to Baguley and Wythenshawe. To accommodate these children I have cut out one clinic a fortnight from the Orthopaedic Clinic and devote this time to out-patients at the Lancasterian School. Treatment of out-patients is carried on after school hours up to 5 p.m.

The school children are being treated with the usual efficiency by Miss Churchill and her staff. I am glad to see that the wing repairs are going ahead and look forward to the day when we can accommodate more children, both as day pupils and out-patients.

The Margaret Barclay Residential School staff are still caring for the children in their usual conscientious manner. This is made more obvious when one realises the difficulties under which Matron and her staff are working. It is a great pity that we have not more space, both in the school and in the physiotherapy department, and I was very disappointed to hear that the plans for extension had been delayed once more. From the medical point of view in the treatment of these physically handicapped children, it is extremely difficult to see that they get the proper physiotherapy in such an inaccessible and small department.

Recently, I have been using the Committee's photographic service to quite a considerable extent to help in assessing clinical results. The idea is that we photograph children with bad deformities, be it from knock-knees, cerebral palsy or any other clinical condition. After a year's treatment we have another photograph and, as well as judging clinical improvement, we have a lasting record of this. I have been trying a new type of operation for knock-knees and the photographic record over a period is invaluable. I look forward to the day when we might have a cine camera to give us a better impression of how the children walk about the grounds and behave in the schoolroom. A film made each twelve months would show whether or not there was a great improvement in their every-day mode of life.

Lately, I have been experimenting with a new type of splintage material which replaces plaster of paris. Its advantages are that it is extremely light, waterproof, very durable and long lasting. I have not been using it long enough yet to form a definite opinion.

My thanks are due to the staffs of medical and lay people at the various centres for their co-operation in the past year."

J. L. MANGAN

#### (a) ORTHOPAEDIC CLINIC

During the year 8,507 attendances have been made at the clinic and 1,574 children have been examined by the Orthopaedic Surgeon and a total of 14,664 individual treatments have been given by the physiotherapists.

Statistical details of the work at the Clinic are given below:—

Total attendances	..	..	..	..	..	..	..	8,507
Number of children treated	..	..	..	..	..	..	..	331
Examined by surgeon :								
(a) New cases	..	..	..	..	..	..	..	443
(b) Special.	..	..	..	..	..	..	..	644
(c) Re-inspections	..	..	..	..	..	..	..	487
Total attendances at surgeon's clinic	..	..	..	..	..	..	..	1,574
Cases referred to Booth Hall for operation	..	..	..	..	..	..	..	22
Number of treatments given	..	..	..	..	..	..	..	14,664
(a) Massage, stretching	..	..	..	..	..	..	..	4,986
(b) Exercises	..	..	..	..	..	..	..	5,539
(c) Ultra-violet ray	..	..	..	..	..	..	..	2,642
(d) Strappings	..	..	..	..	..	..	..	675
(e) Electrical	..	..	..	..	..	..	..	571
(f) Radiant heat	..	..	..	..	..	..	..	251

ANALYSIS OF CASES							
Spinal deformities :	Kyphosis	..	..	..	..	51	
	Scoliosis	..	..	..	..	68	
	Lordosis	..	..	..	..	34	
	Defect	..	..	..	..	55	
	Debility	..	..	..	..	6	
Spastic paralysis :	Hemiplegia	..	..	..	..	19	
	Diplegia	..	..	..	..	1	
	Monoplegia	..	..	..	..	1	
	Paraplegia	..	..	..	..	6	
Flaccid paralysis :	Anterior poliomyelitis	..	..	..	..	24	
	Erb's palsy	..	..	..	..	4	
Foot defects :	Talipes equino-varus	..	..	..	..	12	
	Metatarsus varus	..	..	..	..	1	
	Pes cavus	..	..	..	..	9	
	Talipes calcaneous	..	..	..	..	1	
	Flat feet	..	..	..	..	285	
	Ingrowing toenails	..	..	..	..	2	
	Hammer toes	..	..	..	..	5	
	Over-riding toes	..	..	..	..	51	
	Hallux valgus	..	..	..	..	34	
	Hallux rigidus	..	..	..	..	8	
	Rickets :	Genu valgum	..	..	..	..	146
		Genu varum	..	..	..	..	12
		Chest	..	..	..	..	11
Posture		..	..	..	..	2	
Knees and ankles :	Weak knees	..	..	..	..	10	
	Weak ankles and defect	..	..	..	..	35	
	Recurrent dislocation patellae	..	..	..	..	1	
Tuberculosis :	Spine	..	..	..	..	2	
	Hips	..	..	..	..	3	
	Knee	..	..	..	..	5	
	Elbow	..	..	..	..	1	
Schlatter's disease	..	..	..	..	..	2	
Perthe's disease	..	..	..	..	..	1	
Muscular dystrophy	..	..	..	..	..	3	
Toxic synovitis	..	..	..	..	..	1	
Fragilitas ossium	..	..	..	..	..	2	
Scheurmann's disease	..	..	..	..	..	1	
Septic arthritis	..	..	..	..	..	1	
Congenital dislocation of hips	..	..	..	..	..	4	
Cystic hygroma	..	..	..	..	..	2	
Ganglion	..	..	..	..	..	1	
Torticollis	..	..	..	..	..	10	
Spina bifida (1 with meningocele)	..	..	..	..	..	14	
Burns, scalds and injury	..	..	..	..	..	17	
Congenital hypertrophy	..	..	..	..	..	4	
Amputation	..	..	..	..	..	1	
Osteomyelitis	..	..	..	..	..	3	
Exostosis	..	..	..	..	..	6	
Sprengel's shoulder	..	..	..	..	..	1	
Bursa	..	..	..	..	..	1	
Paralysis following abscess	..	..	..	..	..	1	
Post-tuberculous meningitis	..	..	..	..	..	1	
Ataxia	..	..	..	..	..	1	
Polyarthritis	..	..	..	..	..	1	
Fibrositis	..	..	..	..	..	1	
Congenital deformities	..	..	..	..	..	16	







(b) LANCASTERIAN DAY SPECIAL SCHOOL

During the year 162 children attended the school and 161 children from the other schools attended the Out-Patients' Clinic for treatment. 25,901 new treatments were given in the Physiotherapy Department in addition to the treatment given to children in the Out-Patients' Clinic which was held after the school closes at 3-30 p.m.

Number of girls treated	..	..	..	..	..	..	78
Number of boys treated	..	..	..	..	..	..	84
Number of out-patients treated	..	..	..	..	..	..	161
Number of children receiving :							
(a) Radiant heat or infra red	..	..	..	..	..	..	98
(b) Massage	..	..	..	..	..	..	53
(c) Electrical	..	..	..	..	..	..	30
(d) Contrast baths	..	..	..	..	..	..	14
(e) Individual exercises and stretching	..	..	..	..	..	..	21
(f) Ultra-violet ray	..	..	..	..	..	..	79
(g) Exercises	..	..	..	..	..	..	137
Number of treatments given :							
(a) Radiant heat	..	..	..	..	..	..	3,922
(b) Massage	..	..	..	..	..	..	5,694
(c) Electrical	..	..	..	..	..	..	2,339
(d) Contrast baths	..	..	..	..	..	..	308
(e) Individual exercises and stretching	..	..	..	..	..	..	3,150
(f) Ultra violet ray	..	..	..	..	..	..	1,157
(g) Exercises	..	..	..	..	..	..	9,331
							25,901
Number of surgeon's visits	..	..	..	..	..	..	18
Number of operations by surgeon at Booth Hall Hospital	..	..	..	..	..	..	12
Number awaiting operation	..	..	..	..	..	..	8

ANALYSIS OF CASES

							Boys	Girls
Cerebral palsy :								
(a) Quadriplegia	..	..	..	..	..	..	4	2
(b) Hemiplegia	..	..	..	..	..	..	21	17
(c) Paraplegia	..	..	..	..	..	..	2	7
Friedreichs Ataxia	..	..	..	..	..	..	—	1
Hemiplegia and Hirschsprung's disease	..	..	..	..	..	..	1	—
Anterior Poliomyelitis	..	..	..	..	..	..	17	27
Anterior Poliomyelitis with scoliosis	..	..	..	..	..	..	—	1
Anterior poliomyelitis with Bell's palsy	..	..	..	..	..	..	—	1
Pseudo hypertrophic muscular dystrophy	..	..	..	..	..	..	3	—
Pseudo hypertrophic muscular dystrophy and A.P.M.	..	..	..	..	..	..	1	—
Amyotonia congenita	..	..	..	..	..	..	1	1
Congenital talipes equino varus	..	..	..	..	..	..	1	1
Hirschsprung's disease	..	..	..	..	..	..	1	—
Tuberculosis :								
(a) Hip	..	..	..	..	..	..	8	—
(b) Knee	..	..	..	..	..	..	2	2
(c) Spine	..	..	..	..	..	..	7	1
(d) Radius with discharging sinuses	..	..	..	..	..	..	1	—

	Boys	Girls
Scoliosis .. .. .	1	1
Spina bifida occulta .. .. .	2	1
Spina bifida in cervical area with congenital anomalies cervical and dorsal spine .. .. .	—	1
Congenital absence of hand .. .. .	1	1
Congenital absence of radius .. .. .	—	1
Congenital contraction of hands and talipes calcaneus and subluxation of hips .. .. .	1	—
Arthrogryphosis upper limbs .. .. .	1	—
Arthrogryphosis with congenital dislocation of hips and congenital talipes equino varus .. .. .	1	—
Congenital dislocation of hips.. .. .	1	—
Slipped femoral epiphysis .. .. .	—	1
Osteomyelitis .. .. .	—	1
Myositis ossificans .. .. .	2	—
Fragilitas ossium .. .. .	—	2
Fragilitas ossium with coeliac disease .. .. .	—	1
Legge Perthe's disease .. .. .	1	—
Hydrocephalus .. .. .	2	—
Achondroplasia .. .. .	—	2
Infective polyneuritis .. .. .	—	1
Erb's palsy .. .. .	—	1
Extensive burns with Bell's palsy .. .. .	—	1
Congenital heart disease .. .. .	—	1
Amputation leg following accident .. .. .	—	1
Head injury following accident .. .. .	1	—

#### OUT-PATIENTS' CLINIC

Number of children treated for foot defects.. .. .	97
Number of children treated for postural defects .. .. .	64
Number of children treated .. .. .	161
Number of children examined by the surgeon .. .. .	214
Number of surgeon's visits .. .. .	11

#### (c) MARGARET BARCLAY RESIDENTIAL SCHOOL

On the 31st December 1951, 26 boys and 16 girls were in residence and during the year 9 children were admitted and 11 discharged. 6 children were admitted to Booth Hall Hospital and operations were performed on 3 by the Orthopaedic Surgeon.

#### ANALYSIS OF THE DISABILITIES OF THE CHILDREN WHO WERE IN RESIDENCE DURING 1951

Anterior poliomyelitis .. .. .	8
Progressive muscular dystrophy .. .. .	6
Pseudocoxalgia .. .. .	2
Spina bifida .. .. .	6
Cerebral palsies: Paraplegia .. .. .	16
Hemiplegia.. .. .	2
Fragilitas ossium .. .. .	3
Cerebellar atrophy .. .. .	1
Kyphosis.. .. .	1
Arthrogryphosis .. .. .	1
Spinal haemorrhage with paraplegia .. .. .	1
Congenital deformities .. .. .	2
Congenital dislocation hip .. .. .	1
Hypospadias .. .. .	1
Spinal caries .. .. .	3
Children admitted to hospital .. .. .	6
Operations .. .. .	3



## AUDIOMETER CLINIC

The Audiometer Clinic continued to be held twice weekly at the Central Clinic. Cases were referred by Assistant School Medical Officers from periodic medical inspection in schools and from the school clinics.

Full medical examinations were given to each child, special attention being paid to the ear, nose and throat. The range of hearing for "Pure Tones" was charted by the child beating an ordinary drum in response to the sound heard through the earphones attached to the Electric Pure Tone Audiometer. In addition, voice tests were recorded with the child's back turned, at a distance of three metres while the doctor spoke 25 words which the child repeated. If the response was poor the child faced the doctor and repeated the spoken words at a distance of one metre. With some of the younger children the "Peep-Show" Audiometer was used to ascertain the presence of hearing.

Special education treatment was recommended where necessary.

During the year the average attendance was high and in most cases the mothers co-operated very well and the children looked forward to their re-inspections. In cases where it was considered advantageous for the child to sit in front of the class a note was sent to the Head Teacher. We should like to thank the teachers for their splendid co-operation.

All cases were seen and the following table shows the action taken :—

Number of children tested by pure tone audiometer	..	..	411
Number of children referred to schools for the deaf (8 admitted).	..		20
Number of children referred to consultant Oto-Laryngologist	..		138
Number of children referred to school clinics for treatment	..		40
Number of children referred for lip reading.	..	..	4
Number of children referred for speech therapy	..	..	3
Number of children referred to intelligence tests	..	..	3
Number of children referred to re-inspections	..	..	204
Number of children discharged	..	..	65
Number of children left school	..	..	9
Number of children ascertained to be partially deaf.	..	..	74

C. R. CRYSTAL  
S. F. REYNOLDS

## SPEECH THERAPY

Children requiring Speech Therapy are treated at the Speech Therapy Clinic, High Street, Chorlton-on-Medlock, and at five other school clinics. The service has been extended by the addition of two Assistant Speech Therapists to the staff and an increased number of children have been examined and treated.

Statistical details of the numbers examined and treated and the results at each of the School Clinics where Speech Therapy is available are given in the Senior Speech Therapist's report which follows later.

A summary shows that 375 children received regular treatment, 26 were kept under supervision, 365 new cases were interviewed and 5,525 attendances made during the year.

### MEDICAL SUPERVISION

An Assistant School Medical Officer, who undertakes a full medical examination of all cases and is consulted before they are discharged, has furnished a brief statement.

All cases recommended for Speech Therapy were medically examined before commencing treatment and any medical treatment advised. The Assistant School Medical Officer reports :—

“In many cases the speech defect was found to be a manifestation of a low intelligence quotient and the proper school was recommended.

Defective hearing was dealt with and in some cases required the help of a hearing aid and lip reading before improvement could be attained. All cases were medically examined again before discharge and where considered advisable, kept under observation.

Some cases of stammerers benefited by a period in the Open Air School or Convalescent Home.”

C. R. CRYSTAL

### SPEECH CLINICS

Two new therapists were appointed in 1951, bringing the speech therapy staff for the first time up to its present full establishment strength of five. Miss Wolstenholme started in March, enabling us to open a new speech clinic at Shakespeare Street, and Miss Connolly, who came in September, spends most of her time at the already existing one in High Street, but also now has a day a week at Cheetham. This means that there are altogether six speech clinics, four of them part-time. During the Christmas term we had the additional help for two sessions weekly of a third year student from Edinburgh who was waiting to complete her final examination.

As a result of this increase of staff the waiting list has been much reduced. There are still a good many cases waiting for treatment at Newton Heath, which was the only clinic on the north side until the Cheetham sessions were started in November. It is also quite impossible for the Northenden Clinic, where for reasons of accommodation we only have four sessions a week, to deal with all the Wythenshawe cases, and many of these have to be brought in to High Street or Shakespeare Street. A centre more convenient for the Wythenshawe area is badly needed.

The different appearance of the waiting list unfortunately does not mean that all the suitable cases have been treated, but is partly due to the fact that many children do not attend when offered appointments. This is a tiresome and time-wasting feature, and it would be appreciated if people considering referring children would do their best to make sure that the parents are really interested. Incidentally, it may be mentioned that the proportion of parents refusing treatment is much the same now that we have several clinics distributed over the city as it was when there was only one, and everybody had to manage to get to it. The indifferent parent will not take even a little trouble, but we may hope that the greater convenience of present arrangements eases the burden for the conscientious.

We are really much further from providing a complete speech therapy service for those who need it, and whose parents are ready to take advantage of it, than the official waiting list suggests. The Ministry of Education considers that therapists should be in the proportion of one to every 10,000 children, and there is no reason to suppose that the incidence of defective speech is lower in Manchester than elsewhere. In fact, detailed enquiries in particular schools have shown that there are still many cases which do not get referred. We have always known this, but while we were so far from being able to deal with those that were it was no use inviting people to send us more. Now when we visit schools to consult teachers about children already under treatment we can reasonably ask whether there are any others they would like us to see. It is still necessary to select carefully; the defect must be severe enough to constitute a real handicap, and there must be a prospect of at least a modicum of co-operation from child and parents. In most cases the handicap is severe indeed. Everyone has met stammerers and knows how distressing, to themselves and others, their speech can be. Some have met the victims of cleft palate or deafness, or other physical conditions seriously affecting speech, though they are not so numerous. But it is probable that few people not directly concerned realise how many children there are, neither physically nor mentally defective, yet trying to make do with a kind of speech characterised by so many omissions, substitutions and mutilations of sound, that it is mere unintelligible gibberish. "I can't understand him," says the despairing mother. "Have you ever had anyone like this before?" We have. About a third of our time is spent on just such cases, and provided intelligence is normal and the parents able to give a little help we can be almost certain that the muddle will be cleared up within about 18 months, thus removing a grave obstacle to educational progress and enabling a worried and frustrated child to become a happy, socially competent one.

At the request of two of the therapists, a fortnightly evening session has been voluntarily introduced so that children who leave school before treatment has been completed may continue with it. The number of these is small at present, but it is valuable to have such provision.

The weekly session at the Lancasterian School continues. Individual treatment has been abandoned with a few cases that proved unable to profit further from it, and instead we are experimenting with a group lesson for the educationally sub-normal class in which most of the worst speakers are found. Group work cannot take the place of individual treatment for

suitable cases, and gives little help to those with gross defects, but it provides a different kind of stimulation and is very useful for correcting "poor" speech. Thanks to the co-operation of the class teacher, who follows up the lessons with daily practice, the children in this class are speaking more freely and better. Individual treatment, of course, is still given to any child in the school whom it is likely to benefit.

#### HIGH STREET CLINIC

Number of cases attending for treatment during 1951	..	115
Number of cases under supervision	.. .. .	8
New cases interviewed	.. .. .	206
Total number of attendances	.. .. .	1,365
Cases discharged, speech normal or much improved :—		
Stammer	.. .. .	9
Lip reading	.. .. .	4
Miscellaneous	.. .. .	18
		<hr/> 31
Cases discharged, unsuitable	.. .. .	24
Ceased attendance, treatment not completed	.. .. .	20
Left school or left district	.. .. .	2
Transferred to another clinic	.. .. .	7
Transferred to school for the deaf	.. .. .	2

#### SHAKESPEARE STREET CLINIC

Number of cases attending for treatment during 1951	..	61
Number of cases under supervision	.. .. .	5
New cases interviewed	.. .. .	44
Total number of attendances	.. .. .	976
Cases discharged, speech normal or much improved :—		
Stammer	.. .. .	2
Miscellaneous	.. .. .	3
		<hr/> 5
Cases discharged, unsuitable	.. .. .	12
Ceased attending, treatment not completed	.. .. .	11
Left school or left district	.. .. .	1
Transferred to another clinic	.. .. .	1

#### NEWTON HEATH CLINIC

Number of cases attending for treatment during 1951	..	101
New cases interviewed	.. .. .	80
Total number of attendances	.. .. .	1,519
Cases discharged, speech normal or much improved :—		
Stammer	.. .. .	4
Dyslalia	.. .. .	17
		<hr/> 21
Cases discharged, unsuitable	.. .. .	4
Ceased attending, treatment not completed	.. .. .	1
Left school or left district	.. .. .	1
Transferred to another clinic	.. .. .	7



#### NORTHENDEN CLINIC

Number of cases attending for treatment during 1951 ..	43
Number of cases under supervision .. .. .	8
New cases interviewed .. .. .	8
Total number of attendances .. .. .	950
Cases discharged, speech normal or much improved :—	
Miscellaneous .. .. .	5
	<hr/>
Ceased attending, treatment not completed .. .. .	3
Left school or left district .. .. .	3

#### GORTON CLINIC

Number of cases attending for treatment during 1951 ..	44
Number of cases under supervision .. .. .	5
New cases interviewed .. .. .	15
Total number of attendances .. .. .	642
Cases discharged, speech normal or much improved :—	
Stammer .. .. .	2
Cleft Palate .. .. .	1
Miscellaneous .. .. .	5
	<hr/>
	8
	<hr/>
Ceased attending, treatment not completed .. .. .	3
Left school or left district .. .. .	5

#### CHEETHAM HILL CLINIC

Number of cases attending for treatment during 1951 ..	11
New cases interviewed .. .. .	12
Total number of attendances .. .. .	73
Cases discharged, speech normal :—	
Dyslalia .. .. .	1
	<hr/>
Cases discharged, unsuitable .. .. .	2
Ceased attending, treatment not completed .. .. .	1
Left school or left district .. .. .	1

#### LANCASTERIAN SCHOOL (*Individual treatment*)

Number of cases attending for treatment during 1951 ..	8
Discharged .. .. .	4
Total number of attendances .. .. .	153

M. ASHWORTH

#### SPEECH TRAINING

In the course of her work the Speech Therapist has found that there are large numbers of children in the schools handicapped by minor defects of speech, children she has no time to treat, and who in fact do not really need speech therapy but can be dealt with perfectly satisfactorily by an experienced teacher of speech training.

The Committee therefore appointed a specialised teacher of speech training some three years ago, and the appointment has proved to be fully justified. The demand upon her services has increased so much that it is now obvious there is more work than can be dealt with by one teacher. This teacher, Miss Zochonis, had five school centres and spent a whole

day at each. These were intended to serve a district, drawing children from neighbouring schools, and they did so, although in practice the schools in which the Centre was housed in each case produced so many suitable children that it looked as if almost every sizeable school could utilise the services of a teacher of speech training for at least one session a week. Most of the children dealt with have been referred by their Head Teachers as notably poor speakers handicapped emotionally and educationally by this inadequacy. Some were referred from Speech Clinics, where they had completed a course of therapy, in order to keep them under supervision and treatment for some time afterwards to make sure there was no slipping back. The children usually attend in small groups, but a few have individual lessons.

Unfortunately, Miss Zochonis, the teacher first appointed to the Committee's Service, left us at the end of the academic year, but the vacancy was filled by another appointment—Miss Purcell—and she was able to start work when the term opened. Miss Purcell has kindly submitted a report, which follows, on her work during the remainder of the year.

To avoid misunderstanding, it should be explained that this teacher is not a Speech Therapist, but works in close co-operation with the Speech Therapy Department, taking cases that are not severe enough to need actual clinical treatment, and in some instances children who have been passed on from the Speech Clinics at the conclusion of their course of treatment there.

It appears, therefore, very appropriate that a report on this similar work and revisionary training should be included here.

“My appointment as Specialist Teacher of Speech Training commenced at the end of August, when I succeeded Miss Isobel Zochonis.

Due to the fact that an additional centre was opened in September, the number of children attending Speech Training classes has increased from 180 to over 190.

By Christmas 1951, twenty of the children passed on to me by Miss Zochonis were discharged ahead of their defective speech. A waiting list of children at every school means that any vacancy in my time-table is immediately filled.

In view of the fact that each centre averages thirty defective speech cases, and that there are only six centres, it is painfully obvious that there must be hundreds of children in the Manchester area who require similar treatment, but who cannot receive it until more centres are opened. This means that additional teachers are needed to take the classes.

My work is helped a great deal by the co-operation and interest of the principals and teachers of the various schools in which the centres have been established.

A speech defect may have a serious psychological effect on a child, especially when he is made aware of it by his friends. My first aim as a Speech Trainer is to try and gain the confidence of the child and try and make him realise that I am here to help him. On more than one occasion it has been necessary to temporarily suspend a child from classes because his nervousness has made him resentful. Two of these children have now come back voluntarily and are quite settled.

Some of the poor speech is due to enlarged tonsils and adenoids, or dental irregularities, but the waiting lists at hospitals and clinics are long and the children have to take their turn. In the meantime, it is possible to encourage the child not to give way more than is necessary to his physical difficulties, and to prevent the formation of bad habits that will need correction after the medical treatment.

The prospect of accommodation difficulties in the coming year is rather alarming. The increasing number of children in every school makes it often impossible to find a vacant classroom in which to teach. Several schools have offered the hospitality of their staff room, but sometimes even these are not available, and the problem appears to be becoming more serious as time goes on."

A. A. PURCELL.

## EAR, NOSE AND THROAT CLINIC

The Committee's Consultant Oto-Laryngologist has submitted the following interesting report on the work carried out during the bi-weekly sessions at the Ear, Nose and Throat Clinic held in the Central Clinic :—

"On each occasion during the past four years during which I have contributed a report on the work of the Ear, Nose and Throat Clinic at the Central Clinic, it has been necessary to deplore the interruptions in the operating sessions at Booth Hall Hospital dealing with the children referred for operation from this clinic. These interruptions were due to various causes, e.g., poliomyelitis epidemics, shortage of nursing staff at Booth Hall hospital, closure of wards, shortage of anaesthetists, etc., and it is therefore most gratifying to be able to write that for the first time for four or five years all the various difficulties have been overcome and I am able to report on a year's uninterrupted work.

One notable consequence has been the marked reduction in the waiting list for operation from 785 at the end of 1950 to 350 at the end of 1951. In the two operating sessions at Booth Hall Hospital, the total number of operations performed was 555 (as compared with 176 in 1950), made up as follows :—

Removal of tonsils and adenoids by nucleation or dissection	519	(170)
Removals of tonsils and adenoids plus antrum lavage ..	8	
Antrum lavages plus or minus antrostomy .. .. .	7	(3)
Mastoidectomies, radical or modified radical .. ..	6	
Aural polypi .. .. .	6	(2)
Removal of aural granulations under general anaesthesia ..	2	
Antrum lavage plus indwelling catheter for penicillin irrigation .. .. .	3	
Sub-mucous resection of the nasal septum (partial).. ..	2	(1)
Nasal polypus .. .. .	1	
Investigation under general anaesthesia .. .. .	1	

*(The figures in parenthesis are for comparison with 1950)*

In view of the large waiting list for operation at the beginning of the year it was necessary to continue the arrangements for operation of some of our cases at Wythenshawe Hospital (Baguley Emergency Hospital), and



309 tonsil and adenoid cases were dealt with there during the year. It is again desired to acknowledge with thanks our indebtedness to Drs. Phillipine Moses and V. Magian for their help and co-operation.

The work at the Ear, Nose and Throat Clinic has continued as previously and here again it is gratifying to record that our efforts to increase the percentage of attendance of children sent for have met with some success. The total number notified were 2,700 (2,630) and the attendance 1,916 (1,684) giving an average attendance of 71% (64%). The following table shows how these cases were divided:—

		<i>Ear Cases</i>		<i>Nose and Throat Cases</i>	
		<i>New</i>	<i>Old</i>	<i>New</i>	<i>Old</i>
Attended. . .	..	168	316	.. 1,038	394
Non-attenders ..	..	46	94	.. 497	147
<hr/>		<hr/>		<hr/>	
Notified . . .	..	214	410	.. 1,535	541
		<hr/>		<hr/>	

In spite of the increased average attendance, the position is still not satisfactory, as over 3,600 children are still awaiting an appointment at the Central Clinic and measures must be found for still further reducing the 29% of non-attenders.

Ear cases form an important percentage of the total number of cases referred and account for the major proportion of the cases reviewed one or more times. Energetic measures have been taken for dealing more rationally with the chronic suppurative otitis media.

The importance of thorough and adequate toilet of the ear has been stressed and it is the consensus of opinion that the medicamentation to the meatus is of secondary importance to careful aural toilet. It may be helpful to give some details of what is meant by careful aural toilet. This includes daily cleansing of the meatus, either with wire probes tipped with cotton wool (the Tumarkin probe is used at the various school clinics in this area) or by gently syringing with a Higginson syringe and curved metal cannula, e.g., a Eustachian catheter. 1% Cetavlon solution is useful to moisten the cotton wool for the removal of adherent debris. A Seigle speculum with suction bulb is often useful to withdraw secretion from the middle ear. The drum is then inspected either with a head mirror or with an electrical auriscope to make sure that the meatus is clear of discharge, and finally a dressing is inserted of ribbon gauze impregnated with Spirit Vini Rect. Alternatively, boric and iodine powder may be insufflated into the ear and is especially useful for the tubo-tympanic type of infection with a large anterior or central perforation and only slight discharge.

Cases which have resisted adequate toilet are referred to the Central Clinic. Consideration is then given to the site of perforation, the type of discharge, etc., and, where indicated, bacteriological investigation of the discharge is undertaken with a view to ascertaining the predominant organism.

Sensitivity tests are done against the various anti-biotics and the appropriate anti-biotic — in many cases Chloramphenicol (10% in Propylene Glycol) — is then used, the case being reviewed after an interval of three



or four weeks. Many resistant cases have been successfully treated in this manner.

Zinc ionisation still finds a place in the treatment of the chronic running ear in children, mainly where infection is confined to the mucosa of the middle ear. This treatment is kindly undertaken by Dr. Reynolds.

The presence of cholesteatosis and bony necrosis with foetid discharge, the posterior marginal, attic and mastoid disease, greatly diminishes the possibility of cure by conservative measures. In many cases, however, the hearing is so good and the discharge so small that one feels loth to resort to surgery in the absence of complications. Such cases are kept under observation and aural toilet carried out diligently to promote drainage. In all, six cases came to operation during the past year — mastoidectomy, radical or modified radical, or attico-antrotomy being performed.

Minor surgical procedures continue to be carried out at the Central Clinic, thus saving bed space at Booth Hall Hospital. In all, thirty-six antrum lavages under local anaesthesia and six cauteries of the nose were carried out during the year.

Amongst the other useful methods of treatment still carried out at the Central Clinic are Proetz displacement (see Annual Report 1950) and diastolisation, whilst investigation of deafness by audiometry — both audiogram and “peepshow” with subsequent treatment or reference to the Hearing Aid Centre for supply of an aid, is an important part of the work carried out here.

The attendance for operation at Booth Hall Hospital continues to be almost 100% and is a tribute to the efficiency of the administrative staff and this clinic, who take care to ensure that the patients sent for propose to go in, or if for any reason cannot do so, contact the next patient waiting, thus ensuring very little wastage of beds.

Whilst there is no room for complacency, it is felt that much useful work has been done both at the clinic and at Booth Hall Hospital during the present year and significant inroads have been made into the waiting list for operation.

It is hoped that a further attack will be made on the waiting lists during the ensuing year both as regards those waiting for operation and also those waiting for consultation, but the progress made during the past year shows what can be achieved in a year free from interruption in the normal routine.”

MAXWELL J. MAXWELL

### OPHTHALMIC CLINIC

Dr. H. V. White, the Committee's Consultant Ophthalmologist, relinquished his post for health reasons on 30th November 1950. The work in the Clinic was undertaken temporarily by Dr. J. B. Boas, a clinical assistant at the Manchester Royal Eye Hospital, and a part-time refractionist in the Committee's service until Dr. White was reappointed to commence duty on 3rd May 1951.

Throughout the year examinations of children with serious eye defects were conducted on two sessions each week. Cases were referred by members of the medical staff for diagnosis and recommendations for treatment and to ascertain which need special educational treatment as either blind or partially-sighted pupils.

Any operative treatment found necessary is arranged by Dr. White at the Royal Eye Hospital, where he is Honorary Consultant.

Details of blind and partially sighted children are given in the section of the Report dealing with handicapped pupils.

### CARDIO-RHEUMATIC CLINIC

Dr. Wilfrid Gaisford, Professor of Child Health at the Manchester University, the Committee's Honorary Consultant Paediatrician, has conducted the examinations in the Cardio-Rheumatic Clinic which is held at the Central Clinic.

Pupils ascertained by Medical Officers to have cardiac signs and/or rheumatic symptoms are investigated in order that adequate medical or surgical treatment can be prescribed and recommendations made regarding future physical activities and attendance at school. Principal teachers and parents are informed of the results of the examinations.

The Honorary Consultant has kindly contributed the following report :—

“ Except for the holiday periods the cardiac clinic has been held every Tuesday throughout the year. 230 children have been seen and examined : some of them on more than one occasion. Use has been made of the electro-cardiographic facilities provided at the clinic, and the blood sedimentation rate test has also been done when necessary. Children requiring X-ray of the chest have been referred to my out-patient clinic at the Royal Manchester Children's Hospital at Gartside Street, and cases of special interest or doubtful diagnosis, or where the possibility of surgical intervention has been considered, have been referred to the Children's Cardiac Clinic which Professor Crichton Bramwell and I hold jointly each month. These consultations have proved most helpful and I am most grateful to Professor Bramwell and his staff at the Manchester Royal Infirmary for their help and co-operation.

The children for whom operation has been recommended have, after obtaining the consent of the parents, been admitted to the Professorial unit at the Royal Manchester Children's Hospital and to the Thoracic Surgery unit at the Manchester Royal Infirmary in approximately equal numbers. All the operations performed so far have proved successful and brought cure, or great relief, to the children concerned.

Of the 230 children examined, rheumatic heart disease was found in 28, congenital lesions in 54, functional murmurs in 98, non-rheumatic conditions (without any cardiac involvement) in 22, and nothing abnormal was discovered in the remaining 28.

The high percentage of innocent murmurs is gratifying ; the incidence of rheumatic heart disease in the children sent to the clinic is remarkably low.

If this mirrors the true incidence of rheumatic carditis in the school population the time may soon be coming when those children who have had an attack of acute rheumatism *without heart involvement* may be discharged from their doctor's care or from hospital direct to a residential rheumatic school or home. Such a procedure would be of immense value in the prevention of subsequent heart involvement and would surely be, in the long run, even more worth while than the present "cardiac" schools and homes.

Of the congenital lesions 23 were interventricular septal defects, 11 were cases of patent ductus arteriosus, and 20 were examples of other or mixed lesions. In the last group there were some cases of Fallot's tetralogy, one of which was operated on successfully. Ten of the 11 cases of patent ductus have either been operated on successfully or are awaiting operation; the eleventh was unsuitable for operation because of co-existing lesions.

Among "other conditions" rheumatism without heart involvement, obesity, non-rheumatic growing pains and hyperthyroidism occurred and the cases were referred as necessary.

Normal school routine was recommended for 199 children, restriction of activities, attendance at a special or open-air school or a period of convalescence was advised for 29, and 2 children, of leaving age, were advised to seek sedentary occupations because of their cardiac disability.

The attendance at the clinic has been excellent: seldom has more than one child per session defaulted — usually there has been a full quota. The waiting list appears to be of reasonable proportions.

It has been a valuable and instructive year and I would like to express my gratitude to Dr. Jenkins for his continued help, to Nurse Barnes who so efficiently runs the clinic and to Mr. Brown for his office assistance.

I would also like to thank the assistant school medical officers and others who have referred children and to congratulate them on their work. It has rarely been found necessary to suggest any alteration of routine from that already ordered by them and in no case did restriction of activities beyond that already in force seem necessary. In a few cases only, removal of an imposed restriction was recommended in the light of fuller examination."

WILFRID GAISFORD

## HANDICAPPED PUPILS

It is the duty of the School Health Service to ascertain which children over the age of two years require special educational treatment, and to provide it for them in appropriate Day or Residential Special Schools.

The medical examinations are carried out either by Consultants or by Assistant School Medical Officers, according to the type of handicap.

The work is under the general direction of the Chief Assistant School Medical Officer, with his Senior Assistant concerning himself principally with the examination of educationally sub-normal and epileptic children.



The numbers of handicapped children known to the School Health Service are shown in the table appended, the categories being those defined in the Handicapped Pupils Regulations 1945 :—

TABLE

(a) Blind children :				
In institutions	..	..	..	35
(b) Partially-sighted children :				
In institutions	..	..	..	3
Suitable for classes for partially-sighted	..	..	..	22
				25
(c) Deaf children :				
At Royal Residential Schools, Old Trafford	..	..	..	95
At other Residential Schools	..	..	..	16
At Day Special Schools	..	..	..	1
Awaiting admission to a Special School	..	..	..	10
				122
(d) Partially deaf children .. .. .				98
(Suitable for admission to Special Classes : 51)				
(e) Delicate children :				
(i) Treated at Committee's Residential Schools	..	..	..	268
Treated at Crumpsall Day Open-Air School	..	..	..	377
Treated at Jewish Fresh Air Home	..	..	..	48
Awaiting admission or examination	..	..	..	336
				1,029
(ii) Treated at Dr. Garrett's Convalescent Home	..	..	..	609
Treated at St. Joseph's Convalescent Home	..	..	..	90
Treatment arranged by Invalid Children's Aid Society	..	..	..	153
Awaiting admission to Convalescent Homes	..	..	..	190
				1,042
(f) Diabetic children .. .. .				1
(g) Educationally sub-normal children—				
Attending Bostock Hall	..	..	..	40
Attending Residential Special School not maintained by the Education Committee	..	..	..	28
Attending Day Special Schools	..	..	..	572
Not yet placed in Special Schools	..	..	..	181
				821
(h) Epileptic children :				
Attending Soss Moss Residential School	..	..	..	52
Under medical supervision and attending normal schools	..	..	..	97
				149
(i) Maladjusted children :				
Attending Special Schools and Hostels	..	..	..	9
Not yet placed in Special Schools	..	..	..	25
				34
(j) Physically handicapped children :				
(i) Pupils with crippling defects :				
Attending Margaret Barclay Residential School	..	..	..	33
Attending Lancasterian Day Special School	..	..	..	161
Attending Special Schools not maintained by the Education Committee	..	..	..	2
Attending Hospital Special Schools	..	..	..	47
Awaiting admission to Special Schools	..	..	..	16
				259



(ii) Children with heart disease or rheumatism :			
Attending the Committee's Residential Schools..	..	12	
Attending Crumpsall Day Open-Air School ..	..	20	
Attending Hospital Special Schools ..	..	5	
			37
(k) Children with speech defects ..	..		692
TOTAL HANDICAPPED CHILDREN..			4,344
Children under treatment only as out-patients at the Orthopaedic Clinic ..			1,735

## BLIND PUPILS

The number of blind children from 2 to 16 years of age in schools is 26, the same as in the previous year. Up to the age of two, children are in the care of the Infant Welfare Department, but under the Education Act 1944 it is the duty of the Education Authority to ascertain all handicapped children, and this includes the blind, in their area and where necessary to provide special educational treatment. During the first few months of life a blind-born baby requires just the same care and treatment as a sighted baby and indeed it may be some months before its blindness is discovered. Where home and family circumstances permit it ought to be with its mother whose love and care are so necessary to give it the security and happiness that is its due. But blind babies have to learn and to live by their sensitiveness to touch and sound, so time must not be wasted. They soon require increased help, interest and attention to meet their special needs, to stimulate interest in the things around them, which they cannot see, to prevent feelings of loneliness and to enable them to develop clean habits and good manners. Blind babies of two years and over require such very special attention, and training that few parents, however willing and careful, are able to give, and at this age they have to attend Boarding Schools where their many problems and difficulties are understood and dealt with by experts. Nine of the 26 children referred to above are thus placed in Sunshine Home Nursery Schools where they usually remain until they are seven years old; then they are transferred to Special Residential Primary Schools for the Blind. In each Sunshine Home are 24 children who live together and are helped by adults to become confident and independent. While in Boarding Schools the parents are encouraged to keep in close touch with their child by visiting the school if possible, by writing regular letters to the child, which can be read to him, and by taking him home for holidays so that he and other members of the family can get to understand each other and develop their common interests. Children who show special promise and seem likely to profit by grammar school education may be selected for Chorley Wood College for Girls or Worcester College for Boys. Although in most cases their schooling ends at 16 they are not yet able to earn a living and require further training in such occupations as they wish to take up — providing they are suitable for it. Thus five of the trainees are in Liverpool Training Schools for the Blind where they learn boot and shoe repairing or basket making; four are in the Royal Normal College for the Blind, Shrewsbury, where music, shorthand and typewriting and physiotherapy are taught. Telephony is taught in London, but there is no one from Manchester studying this at present.

During the year one senior girl has passed the Royal Society of Arts Elementary Typewriting Examination with credit and a boy has done well to pass the Associated Board Piano Examination Grade IV with merit.

A very interesting and informative pamphlet on the Care of Young Blind Children has been written by Miss Norah Gibbs, M.A., Educational Psychologist to the Sunshine Homes, and published by the National Association for the Blind.

#### PARTIALLY-SIGHTED PUPILS

Twenty-two children—twelve boys, ten girls—were found to be suitable for attendance at a class for the partially-sighted. This compares with fifty-one mentioned in last year's report and requires an explanation. There has been a changed outlook for cases of high myopia during the past few years. Previously it was considered harmful for high myopes to be taught in ordinary schools, even although with glasses their eyesight was not seriously defective, and many of them were recommended for partially-sighted classes. As a result of reviewing all cases of children recommended for these special classes it is now considered that twenty-nine of them are suitable for ordinary schools. But no special classes for partially-sighted children have been arranged so far and most of the twenty-two partially-sighted children also attend ordinary schools where they are given special consideration as regards reading and writing and in some cases do not take part in games where their eyes might suffer injury.

One blind girl and one partially-sighted boy were referred to the Manchester and Salford Blind Aid Society for Home Tuition.

#### DEAF PUPILS

These are pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language. They are mostly children who have never heard sufficiently to have acquired speech and language in the normal way. It will be seen from the tables that 95 deaf children are being educated in the Royal Residential Schools for the Deaf at Old Trafford. These schools are very popular with parents because they are so close to Manchester and the children are able to return home to their parents for week-ends or, if that is not convenient for parents, they can be visited frequently without much trouble. Eight whose parents prefer it on religious grounds are maintained at St. John's Roman Catholic Residential School for the Deaf, at Boston Spa.

One deaf child attends the Beever Day Special School for Deaf Children in Oldham, as he lives in the part of Manchester adjacent to it and his parents wished him to attend there daily.

Sometimes very young children suspected of deafness are referred by the Hospitals to Professor and Dr. Ewing, of the Department for the Deaf at Manchester University, for testing, and the parents are there given instructions and advice about training their children in lip reading. When special educational treatment is considered necessary they are referred to the School Medical Officer.

I am very pleased to record that a girl maintained by the Manchester Education Committee in the Mary Hare Grammar School for the Deaf, Newbury, Berks., has brought honour to herself as well as her school by gaining a place in the Honours School of English, Manchester University. Previous to attending this school she was a pupil for nearly four years at the Royal Residential School for the Deaf, Old Trafford.

#### PARTIALLY DEAF PUPILS

These are children who can hear enough to learn to speak and to be taught orally with or without artificial aids. Ninety-eight children have been found to be partially deaf and of these fifty-one have been ascertained to be suitable for admission to special classes, but it has not been found possible to set up these special classes in Manchester yet. They are being educated in the ordinary primary and secondary schools. Several who have received hearing aids through the National Health Service have been given instruction in using them at the Speech Clinic. This is sometimes necessary as it is not easy to get the best results in classrooms where there is often a good deal of extraneous noise and the children are apt to get discouraged and to discontinue using them. The schools continue to be visited by specially trained nurses who conduct group hearing tests and children who appear to suffer from defects of hearing are referred to the Audiometer Clinic for examination by assistant school medical officers with special experience, and if a further opinion or specialist treatment is required they are referred to the Consultant Oto-Laryngologist.

#### DELICATE PUPILS

The number of children attending the two residential schools for delicate children, namely at Styal and at Summerseat, was 268. All children remain in the Open Air Schools for six months or longer, sometimes up to two years. At the Day Open Air School at Crumpsall 377 children attended during the year. In most of these cases the parents favoured the non-residential school because they were afraid of their children fretting if away from home or because they just did not want to be parted from them. Sometimes children are transferred from the Day School to a Residential School if they do not respond to treatment in the first-named, either because of the journey to and from school daily or because of unfavourable home conditions. A smaller number, forty-eight, were treated at the Jewish Fresh Air School at Delamere.

For delicate children requiring a shorter period of special treatment there are Dr. Garrett's Memorial Home at Conway, now under the management of the Health Committee, where 609 children went for periods of six weeks to three months, and St. Joseph's Home for Roman Catholic Children at Freshfield, where 90 children were treated for similar periods. For children requiring a month to six weeks' convalescence there is an arrangement with the Invalid Children's Aid Society whereby 153 children were sent to Convalescent Homes. All these children were examined by a medical officer of the Committee before being passed as suitable for the treatment and to be in need of it. An offer was received from the Swiss Mountain Cure Aid for British Children to include five Manchester children



in a party travelling to Malix, Switzerland, on 11th December 1951. Three boys and two girls, all of whom were suffering from severe asthma, were selected from the Manchester Open Air Schools and travelled by air from London Airport to Zurich. They are staying at an altitude of 3,000 feet in a chalet which has been specially designed and built for the care of asthmatic and convalescent cases. Further information is supplied elsewhere in this Report.

#### EPILEPTIC PUPILS

There are fifty-two Manchester children who suffer from severe epilepsy in Soss Moss Residential School. The school has accommodation for one hundred children and the remaining places are occupied by children from other authorities throughout the country. They are all cases of severe epilepsy who are unable, because of the frequency or severity of the fits, to attend an ordinary school. Cases from outside Manchester are admitted on a three months' trial as it is not always possible to know from the reports and records if a child is suitable for the school. Sometimes when they prove unsuitable on account of unsatisfactory behaviour or inability to learn in school it has been found difficult to get their own Authority to remove them when requested to do so owing to their parents' inability to have them at home or because they have no parents and there is no accommodation for them in a suitable institution. In addition there are ninety-seven cases of epilepsy of a less severe type who are able to attend ordinary schools and who are kept under supervision by one of the doctors at the Central Clinic.

#### PHYSICALLY HANDICAPPED PUPILS

These pupils, who are suffering from crippling disease or defect making it necessary for them to have special educational treatment, are dealt with in the Orthopaedic Section of the Report. The rheumatic and heart cases will be found recorded under the heading of the Cardio-Rheumatic Clinic.

#### EDUCATIONALLY SUB-NORMAL PUPILS

The ascertainment of educationally sub-normal pupils continues to take up a large part of the time of those medical officers who are approved for doing this work — generally 17 sessions per week being devoted to it throughout the year — and it is becoming increasingly difficult to examine all the children who are referred for testing. The five special day schools are fully occupied and there is need for extra accommodation for E.S.N. children in South Manchester, particularly in the Wythenshawe area where many thousands of families are now living, many having moved from the older and more congested parts of the city. There is no special school for E.S.N. children in Wythenshawe, but only special classes at Alders Road (an annexe of Benchill School) and a special class attached to Sharston school accommodating in all 62 children.

As in previous years many children coming before the Juvenile Court are referred by the Magistrates for a report on their intelligence and an opinion as to their suitability for an Approved School or an E.S.N. school. If the children do not come up to the standard for an Approved School it is sometimes very difficult to place them as although they are E.S.N. they may have undesirable habits which made the teachers reluctant to



accept them as likely to corrupt the other children who, being retarded, are usually easily led and pick up bad habits very readily. The Children's Committee with the approval of the Home Office has already provided a Hostel for boys of this type : it certainly is of great value, but the children still have to mix at the school with the other better behaved children and this is considered by the teachers as undesirable.

During the year the number of educationally sub-normal pupils who have been reported to the Mental Health Department for the purpose of the Mental Deficiency Acts are as follows :—

Under Section 57, Sub-section 3	..	55
Section 57, Sub-section 4	..	3
Section 57, Sub-section 5	..	32

## DIABETIC PUPILS

Only one diabetic pupil was ascertained to require special educational treatment during the year and it was not possible to find a vacancy for her until after the end of the year. She has since been placed in a Hostel at Harpenden maintained by the National Children's Home.

## MALADJUSTED PUPILS

This category of handicapped child is ascertained and dealt with by the Child Guidance Clinic and particulars will be found in the Report on that section of the service. It was not found practicable during the year to carry out the alterations to the mansion purchased last year as a residence for maladjusted children.

H. DUGUID

## INDIVIDUAL TUITION FOR HANDICAPPED PUPILS

Miss D. M. Taylor, the Education Committee's Special Inspector for handicapped pupils, has been responsible for the arrangements for providing home teaching for children who are unable to attend Day or Residential Schools or who need to remain in hospital for long periods.

Regular visits are made to homes and hospitals by specially selected teachers and postal courses are arranged where necessary. During the year fourteen pupils received tuition under the scheme.

The following report is submitted by a member of the Home Teaching Service now in its fourth year of operation.

"The Home Teaching arranged for children prevented by illness from attending school has proved most rewarding. To children of intelligence, eager to learn, and interested in the world around them, it has been easy to direct their activities into good channels, and to awaken a zest and love for the things of the mind. The tendency to self-pity can be understood, but given worth-while occupations and interests, and the assurance that there is a future in their lives, these children can take their places in a normal community later. The children realised that their interests come first in any teaching, and so their desires could be satisfied, for the work was on individual lines and greater freedom was both possible and desirable.

Book lists issued, and added to from time to time, encouraged wide reading in prose and verse, and in written English interest was stimulated

by encouraging the girls to write verse, keep a diary and to write a book — “From My Window”, “About Myself”.

Current affairs with a different approach for Juniors and Seniors proved a source of acquiring information about the world of geography, science and history. The practical work in connection with this resulted in the compiling of an album of maps, diagrams, pictures and short notes, and even a stamp album proved helpful in geography.

Nature Study seemed particularly attractive to a Junior who enjoyed watching the unfolding of life in plants. (Booklet produced : “My Bulbs”).

Needlework and craft were of special help to the girls, for these activities could be continued out of “school” time; they were eager to provide themselves with articles for personal use, Christmas gifts, and the making and dressing of dolls. These periods afforded opportunities for conversation about many things on which the children needed help and guidance.

Arithmetic was a favourite subject, and the high standard of attainment acquired was undoubtedly due to the individual attention given.

Wireless and T.V. were available for a child who spent much time alone, and she was encouraged to make every use of these facilities.

There did seem to be a need to provide surprises from time to time, to encourage and stimulate effort in various directions — a new book was hailed with joy, scraps of gay materials or balls of coloured wools opened up avenues for creation, and a growing bulb in a pot became a treasure.

The variety of problems faced and mastered in the acquisition of manipulative and other skills have proved mentally stimulating and spiritually satisfying. The girls amazed one with their happy philosophy of life evolved in the hard school of suffering.”

E. WILLIAMS

#### AFTER-CARE OF HANDICAPPED PUPILS

As explained in last year's report, all children leaving special schools are supervised under the direction of the staff After-Care Committee. The report that follows deals with this voluntary after-care scheme. The majority of the children fall within the category of educational sub-normality.

The Superintendent of the School Welfare Officers, who undertake the investigations and make the reports, states :—

“It is pleasing to be able to report that during the year under review no less than 1,500 visits to homes have been made by the Welfare Officers charged with the supervision and care of special school leavers.

The Officer's first visit to the pupil's home is usually devoted to establishing friendly relations with the parents and securing their goodwill and co-operation. On subsequent visits, however, the Officer always endeavours, through personal contact with the leaver, to obtain his or her confidence. They are persuaded, in these informal talks, to exert themselves and are made to feel that all the steps taken are in their interests and intended to help.

In order to discharge their duties effectively and adequately, it is necessary for the officers to know the various social, religious and public organisations available in the district for young persons.

Generally speaking, parents have been accustomed for many years to look to the teachers in schools to advise and assist them in the matter of educating their children, and they naturally require some help and guidance when the time comes for such children to enter employment. In this respect the Youth Employment Bureau with its wide and expert knowledge of the prospects and conditions in the various trades and occupations, is the medium through which the children are found employment suitable to their ability and aptitude.

Whilst it is freely recognised that school leavers and their parents now adopt a more thoughtful attitude than in the past in selecting employment, there is abundant evidence, in a few cases, of children not finding the right niche in their first jobs owing to their parents' haphazard choice. It has also been noticed that occasionally the economic factor — much to the detriment of the child — has also had a considerable bearing on the parents' choice of employment. Much valuable work is done by the officers in discouraging the needless changing of jobs and in assisting the juvenile to keep his situation.

It is gratifying to learn from all the visitors that the majority of the parents are anxious to co-operate with them and take a keen interest in the progress of the children.

TABLE I

Number and ages of children on the after-care rota :—

		15 and under 16	16 and under 17	17 and under 18	18 and under 19	Total
Boys	..	10	39	31	8	88
Girls	..	3	31	20	7	61
Total	..	13	70	51	15	149

TABLE II

The following is a classification of the various types of occupations in which the children are at present engaged :—

Boys			GIRLS					
Upholstering ..	..	1	Polish Manufacturer ..	1	Bakehouse ..	..	1	
Milk Delivery..	..	6	Metal Worker..	..	1	Mill Hand ..	..	5
Packing ..	..	5	Office ..	..	3	Packing ..	..	3
Mill Hands ..	..	3	Apprentice Bricksetter	1	Warehouse ..	..	1	
Labourers ..	..	12	Pattern-card Appren...	2	Machinist ..	..	11	
Plumbing ..	..	2	Boot Repairing ..	6	Bookbinding ..	..	1	
Motor Repairing	..	1	Tailoring ..	..	2	Box-making ..	..	5
Warehouse ..	..	3	Cinema Operator ..	1	Office ..	..	5	
Van Boy ..	..	3	Joining ..	..	1	Garment Cutter	..	1
Gardening ..	..	1	Dental Mechanic ..	1	Printing ..	..	1	
Engineering ..	..	3	Colliery Worker ..	2	Telephonist ..	..	1	
Umbrella Making	..	2	Stamp Making ..	1	Kitchen Maid..	..	1	
Shop Assistant	..	2	Messenger ..	..	1	Pattern Cards ..	..	1
Stone Mason Appren.	1		Surgical Inst. Maker ..	1	Shop Assistant	..	1	
Patent Knitting ..	..	1	Decorating & Painting	1	Medical Instr...	..	1	
Bakery..	..	2	Tiler's Appren.	..	1	Assembler ..	..	2
Cycle Building ..	..	1	Lift Operator ..	..	1	Sorter ..	..	1
Sign Maker ..	..	1	Paint Mixing ..	..	1	Mirror Decorator	..	1
G.P.O. Messenger	..	1	Handbag Trimmer ..	1	Millinery ..	..	1	
Brewery ..	..	1	Mattress Making ..	1	Bag Making ..	..	1	



## DAY SPECIAL SCHOOLS

### (a) SCHOOLS FOR EDUCATIONALLY SUB-NORMAL CHILDREN

The number of children attending Manchester Day Special Schools for educationally sub-normal children rose during 1951 from 540 to 572, owing to additional accommodation becoming available at the Sharston Special Centre.

Though this temporarily disposed of the waiting list in Wythenshawe, the continued transfers of population to this area from other parts of Manchester had led, by the end of 1951, to the classes being full, and at the moment the only children who can be admitted are those previously attending another Manchester Special School, who have removed into Wythenshawe.

At present 93 children are awaiting admission to the Day Special Schools.

A table showing the number of children in each school is given below :—

			<i>Boys</i>	<i>Girls</i>
CHEETHAM DAY SPECIAL SCHOOL				
Number on register, 1st January 1951	..	..	66	64
Number admitted during year	..	..	14	11
Number discharged during year	..	..	18	19
Number on register, 31st December 1951..	..	..	62	56
EMBDEN STREET DAY SPECIAL SCHOOL				
<i>At Hulme :</i>				
Number on register, 1st January 1951	..	..	27	32
Number admitted during year	..	..	19	15
Number discharged during year	..	..	19	10
Number on register, 31st December 1951..	..	..	27	37
<i>At Sharston :</i>				
Number on register, 1st January 1951	..	..	19	15
Number admitted during year	..	..	24	13
Number discharged during year	..	..	7	2
Number on register, 31st December 1951..	..	..	36	26
GORTON DAY SPECIAL SCHOOL				
Number on register, 1st January 1951	..	..	89	31
Number admitted during year	..	..	28	8
Number discharged during year	..	..	19	1
Number on register, 31st December 1951..	..	..	98	38
GRANGE STREET DAY SPECIAL SCHOOL				
Number on register, 1st January 1951	..	..	82	40
Number admitted during year	..	..	27	5
Number discharged during year	..	..	32	13
Number on register, 31st December 1951..	..	..	77	32
HAGUE STREET DAY SPECIAL SCHOOL				
Number on register, 1st January 1951	..	..	50	25
Number admitted during year	..	..	11	6
Number discharged during year	..	..	12	4
Number on register, 31st December 1951..	..	..	49	27

### (b) LANCASTERIAN DAY SPECIAL SCHOOL FOR CRIPPLED CHILDREN

This school continues to provide special education and medical treatment for the maximum number of children in the minimum of space. The report in 1950 expressed hope that the war-damaged wing of the school would be repaired during the following year. The necessary repairs were commenced during the year, but unfortunately are not yet completed. The acquisition of this wing will mean more space and better facilities for the



education and treatment of a greater number of children who are waiting admission. This particularly affects the children in the nursery and infants' group, many of whom are not yet in attendance at any school.

The Consultant Orthopaedic Surgeon visits the school every fortnight to examine the children and prescribes treatment which is carried out by the physiotherapists attached to the school. An out-patient clinic is also conducted on the school premises for children who live on the south side of the City.

An Assistant School Medical Officer visits the school each week to supervise the general health of the children and the treatment of minor ailments is carried out by a nurse attached to the school. This obviates many journeys which crippled children would have to make to attend the local school clinic.

Particulars of the defects of the pupils and their treatment are included in the orthopaedic section of the report.

The Headmistress of this school has kindly supplied the following report :—

	Boys	Girls	Total
Number of children on roll, 1st January 1951 ..	65	64	129
Number of children admitted during 1951 ..	19	13	32
Number of children discharged during 1951 ..	15	12	27
Number of children on roll, 31st December 1951..	69	65	134

*Reasons for Discharge :*

Transferred to ordinary school .. .. .	1	—
Transferred to Soss Moss Special School .. ..	1	—
Transferred to Gorton Special School .. ..	1	—
Transferred to Tan-y-Bryn (Cripples' Help Home)	—	1
Scholarship .. .. .	2	—
Left for work.. .. .	9	9
Left district .. .. .	1	1
Transferred to Commercial School.. .. .	—	1

*Occupations in which school leavers were placed :*

Office Work .. .. .	3	3
Machinists .. .. .	—	3
Boot Repairing .. .. .	1	—
Plumbing .. .. .	1	—
Baker's Apprentice .. .. .	1	—
Gown Shop (Salesgirl) .. .. .	—	1
Factory (Pipe Polishing) .. .. .	—	1
Factory (Electrical Engineering) .. .. .	1	—
G.P.O. (Postman) .. .. .	1	—
Not employable .. .. .	1	—
To Training Centre .. .. .	—	1

No events of outstanding importance seem to have taken place during 1951 and yet the year has not been without distinction in quite a few ways.

We are proud of the two boys who gained scholarships, because we know that they both had great physical handicaps to overcome and yet they were not deterred in their resolve to make up the lost ground in their education which illness had unfortunately brought about. Both boys are doing well in their new schools and although one is unable to walk about and has very limited movement in his hands his form mates find him cheerful and grateful for their help in pushing him to school in his invalid carriage and in his scholastic attainments he can hold his own.

In a like manner we rejoice to see at the various meetings of the Old Scholars' Associations many of the recent leavers. When a boy or girl has reached the top class and is ready to leave for work we like to think that we have helped each one to place a right value on personal appearance, courtesy, good speech, honesty, adaptability, reliability and industry. We are immensely gratified when these boys and girls, in competition with able-bodied boys and girls, are accepted for jobs, and it is a delight to meet them some weeks or months later, when one cannot help but compare them with the boys and girls they were in school. Not often are we disappointed in those we judged ready to go out into the world.

Often, though, we are pleasantly surprised, for in a few weeks they seem to have acquired even further poise and self-confidence. Quite literally they seem to have increased in stature and weight and although there is a very evident attachment to their "old school" they are usually happy and well pleased with their chosen occupation. This is as it should be. We feel that we have done our part well if the child is not only prepared but ready and able to take the next step on the road of life. On the other hand, there are some who, because of a very severe handicap (sometimes mental and physical) cannot go out to work. Such is one who has now found a refuge in the Cripples' Help Society Home known as Tan-y-Bryn. Another who left six months ago is home-bound, but he is now writing short stories and trying to get them published, as well as pursuing suitable crafts. Fortunately, this boy has a good home and parents who invite other handicapped boys into their home to share together their leisure hours and pursuits. Good friends and loving parents are essential to the full life of a home-bound cripple. The school can but help to prepare the minds of those who are so handicapped to accept such a life, notwithstanding its limitations, with cheerfulness and fortitude and the desire to give even from their limited resources.

The Old Scholars' Association published its 100th News Letter in December 1951 and to mark the occasion it contained articles written by former scholars and members of staff. The founder of the school recalls the days when in 1906 members of the Santa Fina Society visited regularly in their homes cripples of all ages and tried to become their friends. At that time the Education Committee made no provision for the education of crippled children, but the Santa Fina Society urged the necessity for a special day school. To prove its point the Society volunteered to run such a school for two years if the Education Committee would then take over if convinced of the need. The Council of the University Settlement lent a ground floor room and in the Spring of 1911 the voluntary school actually came into existence. In 1913 the Education Committee took over.

So, from that time onwards, the School has tried to fulfil its function of educating and helping the crippled children of Manchester. Physiotherapy, sunlight treatment, ordinary school lessons, swimming and games, a miscellaneous concert, a nativity play and a group holiday at the seaside were all included in the year's activities — the school's effort to prepare these handicapped boys and girls to take their places in the world as useful citizens."

E. SLINGER

### (c) THE DAY OPEN-AIR SCHOOL, CRUMPSALL

The work of this school for delicate pupils has continued along familiar lines during the past year. The school is visited on two half-days per week by Dr. Melville, an Assistant School Medical Officer who has kindly submitted the following report on her work and on the health of the children :—

“A small boy, asked recently how he was feeling after two months’ attendance at Crumpsall Day Open-Air School, replied — “ I’m a very lot happier ” — an apt, if ungrammatical, description of the effect of improving health on the general well-being of the child.

In an industrial city like Manchester we have many children whose physical condition is below that which we would desire but who, for many reasons, are not suitable for a residential school. To such children the Day Open-Air School offers much help.

To the school, set as it is in its wide green gardens, its classrooms open to the south and the sun, come children suffering from all forms of ailment and disability. Some, such as the anaemics and general debilities, are of a temporary nature, quickly responding to the fresh air, good balanced meals, rest periods and general medical treatment which are all part of the regular routine of the school. The gain in weight in some of these cases is spectacular and the appetite astonishing. There is keen rivalry for second helpings.

In their case a stay of 12 to 18 months is usually sufficient to send them back to their own school in excellent physical condition.

A greater problem arises with the more serious type of ailment with which we have to deal — the cases of asthma, chronic bronchitis, congenital and rheumatic heart conditions, the healed bone diseases sent to us from hospital out-patient departments and orthopaedic clinics. These are usually long-standing — the children have been in and out of hospital since babyhood — schooling has been much interrupted and sketchy. Such children are usually suffering, in addition to their physical disability, from psychological and emotional disturbance as a result of their abnormal upbringing. To such children the Day Open-Air School is especially valuable. There, as their health improves, they can re-adjust themselves gradually to school life. Within the limits of their disability they take part in normal school activities and begin to lose the feeling of being different. Miss Nield and her staff, with their long experience of the delicate child, are careful to see that the emotional aspect is improved before stressing educational needs.

With very few exceptions the asthma cases do well. Attacks are less frequent and less severe. Help is always at hand should an attack occur and this feeling of security helps to prevent their occurrence. Courses of breathing exercises are given and are a valuable part of their treatment, both in improving their breath control and in improving their posture, which is usually faulty.

Many heart cases are being referred by hospital specialists and to such cases the modified curriculum of the school, with its rest periods, graded exercise and regular medical supervision, offers the best chance of a satisfactory education.



In many of these more chronic conditions attendance at the Day Open-Air School is necessary throughout their school life.

Through the generosity of the Swiss Economic League four of our most serious cases of asthma are now enjoying a six months' holiday in the mountains of Switzerland. Letters from them all enthuse about the snow and the warmth of the sun — summer frocks are required. They are thrilled by the sledding and ski-ing to which they are now being introduced. All are already improving in health, and one little boy, whose condition had previously so far deteriorated that we had transferred him to a residential school, has not had an attack of asthma since going to Switzerland.

All children admitted to the school have a routine medical examination as soon as possible after admission. Any necessary treatment, medicines, special exercises or ultra violet radiation is prescribed, and any condition such as defective speech or vision or enlarged tonsils and adenoids are referred to the appropriate specialist. Re-inspections are carried out at least once a term thereafter.

More and more parents are responding to the invitation given them to come and discuss any problems which arise concerning their children's physical or educational progress. During the past year 88 parents came to see me — somewhat time consuming but, I think, a valuable part of the school's work.

The following tables show the work done throughout the year :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of children on roll at 1st January 1951 ..	133	134	267
Number of children admitted during 1951 .. ..	63	47	110
Number of children discharged during 1951 ..	60	54	114
Number of children on roll at 31st December 1951..	136	127	263
Number of routine medical inspections on admission ..	..	..	110
Number of re-inspections .. . . . .	..	..	752

#### MINOR AILMENT CLINIC

Number of cases treated throughout the year :

Eye disease .. .. .	170
Ear disease .. .. .	451
Skin disease .. .. .	333
Miscellaneous defects .. .. .	1,617
	<u>2,571</u>

Number of children having breathing exercise .. ..	28
Number of treatments given .. .. .	1,266
Number of children receiving ultra-violet ray therapy ..	50
Number of treatments given .. .. .	945
Number of children referred to Cardiac Rheumatic Clinic..	14
Number of children referred to Oto-Laryngological Clinic ..	4
Number of children referred to Ophthalmic Clinic .. ..	26

Again I am indebted to Mr. Byrom, the Senior Dental Surgeon, for his ready co-operation in arranging a dental inspection and subsequent treatment for all those requiring it. This is a most valuable help in achieving a satisfactory oral condition and consequently an improved general condition.

My thanks are due to Miss Nield and her staff for their willing help at all times in solving mutual problems and to Sister Blackburn for her hard and efficient work at the school."

MARY A. J. MELVILLE



## RESIDENTIAL SPECIAL SCHOOLS

### (a) SOSS MOSS RESIDENTIAL SPECIAL SCHOOL FOR CHILDREN WITH EPILEPSY

This school provides educational facilities and medical treatment for 50 boys and 50 girls suffering from severe epilepsy.

The general health of the children is under the care of a local medical practitioner who visits the school twice each week and also at other times when necessary. The school is also visited once fortnightly by an Assistant School Medical Officer to make blood tests of children who have been prescribed a special drug. She also undertakes the routine and periodical examination of all pupils. Any special examinations such as the estimation of a child's intelligence quotient is usually undertaken by the Senior Assistant School Medical Officer. Pupils from other authorities are admitted from the age of 7 years, but during the last year there appears to have been a reduced number of suitable girls of this age and upwards. It has therefore been decided to lower the age limit of admission and to accept girls of 5 years. This will bring the earliest date of admission into line with that of other special schools for epileptic children.

During the year the Education Committee proposed certain improvements at Soss Moss School. These included night nurses' sleeping quarters, an isolation block, a doctor's surgery, three craft rooms, a central kitchen, and a hard playground. It is proposed that the construction of the central kitchen will be the first item on the programme. This is considered to be the most urgent need and is necessary not so much because of the deficiencies of the existing kitchen but because its use deprives a certain number of children of desirable amenities enjoyed by those in the other houses.

Details of the number of children in residence during the year follow :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of children in residence, 1st January 1951.. ..	46	39	85
Number of children admitted during 1951 .. ..	17	12	29
Number of children discharged during 1951 .. ..	14	13	27
Number of children in residence, 31st December 1951 ..	49	38	87
Number of Manchester children in residence during 1951..	27	25	52

The visiting physician submits the following brief report about the health of the pupils and the Headmaster has supplied a statement on the educational activities of the school :—

“ The past year has been a good one as far as the Health Records at Soss Moss are concerned, and there have been no epidemics at all.

One little boy suddenly went into a diabetic coma, and in spite of immediate removal to hospital, he died. He had been quite fit until the morning of the onset of the coma and gave no signs of impending illness. He had not given any indication to the staff that he was even off colour, so the rapid onset came to us all as a shock.

One boy developed mumps, but immediate isolation in the nurses' day room stopped any further trouble. Needless to say, he found solitary isolation very trying.

During the past year we have tried various anti-convulsants and while one or two cases have been helped, there is no doubt that the regulated life

at the school plus adequate phenobarbitone gives good results. We have noticed this when the children have gone home and have had many attacks, and when home, doctors have increased the anti-convulsant treatment. On return to school the quiet life quickly brings down the number of attacks. The probable explanation is that at home the children are allowed to stay up much later and so are more tired than when at school.

Below is a tabulated list of our troubles during the past year. It can be seen that the list is very normal."

Boils .. .. .	1	Lacerations .. ..	3
Pneumonia .. ..	1	Fractured ankle ..	1
Infection of hand ..	2	Tonsillectomy .. ..	2
Strains .. .. .	4	Seen by	
Discharging ears ..	3	Orthopaedic Specialist	2
Acute tonsil infections ..	6		

W. V. WALLACE

"For some time it has been thought that an attempt should be made to learn what became of our young people who had reached the school leaving age. The Special Schools After-Care Committee provides the information about the Manchester cases, but as only 40% of our children are Manchester boys and girls, this information is not complete. Letters received by members of the staff from old scholars are an additional guidance, as are visits paid to the School by those who have left.

During the Autumn of this year an effort was made to complete the information. Between Christmas 1947 and July 1951, 47 children who were personally known to me had left school, and it was of their present well-being that we were anxious to learn.

The Report of the After-Care Committee gave the necessary information about the Manchester children, recent letters or visits to Soss Moss added to the knowledge in other cases, and personal letters with stamped post-cards were sent to all of whom nothing was known.

The results were as follows :—

	<i>Boys</i>	<i>Girls</i>
In employment .. .. .	8	16
Occupied in household duties ..	—	2
Unemployed .. .. .	3	2
In Institutions .. .. .	5	6
No information forthcoming ..	4	1
	<hr/> 20	<hr/> 27

Of the young people 16 were residents of Manchester and the remaining 31 from fourteen different Local Authorities.

As has been the School's practice in previous years, every effort has been made to take small groups of children to Manchester and elsewhere, so that they can move freely among ordinary people. The groups, rarely more than six boys or girls, have usually visited some place of interest and after lunch wandered round the shops. The most outstanding of these outings was on 27th November, when five girls of the Senior Cookery Class were the guests of the prefects of Ardwick Central School, with whom they had lunch and afternoon tea. In addition a larger group of younger boys and girls spent a morning at Belle Vue, lunched at Gorton E.S.N. School and

shopped in Wilmslow on the way home ; and on 29th November five of the smallest children journeyed to Wilmslow to see Father Christmas. In all, ten such intimate groups spent a day away from school. A larger party saw *The Merchant of Venice* at the Library Theatre in June. Twenty-one football, netball and cricket matches, both home and away, have been played.

Sports Day again attracted a surprising number of parents and relatives. In addition to these, the children welcomed Dr. Jenkins, Chief Assistant School Medical Officer ; Miss Taylor, Inspector of Special Schools ; Mr. Benson, Principal Administrative Officer ; and other friends. Mrs. W. V. Wallace kindly presented the prizes. Parents' Day, on 9th June, gave the teachers the opportunity of meeting relatives of practically every child in the School, and to parents the opportunity of seeing a display of children's work in the handicraft room. On Garden Day, in July, when prizes were given to those children whose gardens were judged worthy by the head gardener, we were pleased to see Miss Taylor and Councillor Oliver of the Sheffield City Council.

The Young People's Club and the Tuesday Night Meeting for the younger boys enter their third year, and we continue to believe that the children benefit from membership. Each group enjoyed a party at Christmas : for the younger boys Matron very kindly gave the good things, and for the Thursday Club all the eatables were made by the girls of the cookery classes.

For the past two years the children have, through the British Ship Adoption Society, corresponded with Captain S. L. Mee and his Officers on board the M.V. British Piper, and in December a gift from the Captain enabled us to hire coaches and take the whole school to the cinema at Wilmslow.

The customary Harvest Thanksgiving and Christmas Services were held : for the former, the gardeners again decorated the hall.

The Christmas Party was, as usual, a jolly occasion. Dr. and Mrs. Jenkins and Dr. and Mrs. Wallace were among those joining in the fun, and Mr. K. E. Benson, as Father Christmas, gave the children their presents from the tree's foot. After tea, a film was shown and the evening closed with a dance for the older boys and girls.

During the year, visitors to the school have included Mr. J. C. Sutton from the Ministry of Education, the members of the Special Schools Sub-Committee, Councillor Oliver of Sheffield, the Chief School Medical Officer, and Assistant Education Officer of Leicester, and teachers from France, Finland, Germany and New South Wales."

H. BURTON

(b) MARGARET BARCLAY RESIDENTIAL SCHOOL FOR PHYSICALLY  
HANDICAPPED PUPILS

This school provided education and orthopaedic treatment for 58 children with crippling defects, but that number had to be reduced to 45 to allow for certain structural alterations.

Plans have been approved for extensions and adaptations to be made to the school. At the present time a number of children have to be accommodated in upstairs dormitories. This causes some inconvenience and a great



amount of physical strain on the members of the staff. The first part of the plan is to construct a wing of one storey so that the dormitories, classrooms and treatment rooms can all be on the ground level. The rooms thus vacated would be adapted to provide additional accommodation for the staff.

During the year the electrical installation has been completely rewired and modern lighting installed. The rooms have been redecorated in light colours, new floor coverings and curtains have also been provided. The atmosphere of the school is now very much brighter.

The Consultant Surgeon attends the school at fortnightly intervals to examine the children and supervise the treatment given by the nurses and physiotherapists who attend the school daily.

There was a great need for the various forms of orthopaedic treatment and the additional remedial apparatus which has been installed in the physiotherapy department has proved to be invaluable. Particulars of the type of cases in the school and the treatment provided is given in the Consultant Surgeon's Report under the heading "Orthopaedic Treatment".

The general health of the children is supervised by Dr. G. H. Gattie, a local medical practitioner who acts as the family doctor. His report, together with a report from Miss Duffy, the Headmistress of the school, follows the statistical table.

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Number of children in residence, 1st January 1951. . . .	26	18	44
Number of children admitted during the year . . . .	6	3	9
Number of children discharged during the year . . . .	6	5	11
Number of children on the Register, 31st December 1951. .	26	16	42

"The general health of the children has been good during the year and except for a minor measles epidemic at the beginning of the year there has been nothing to report.

The new lighting in the Hall is a great improvement on the old and now appears to be complete.

The equipment is also very satisfactory and the Physiotherapy Department is functioning smoothly.

There is, of course, considerable lack of space, and classrooms, etc., are greatly needed for the children. The domestic quarters are extremely inadequate and unsatisfactory and I think I need hardly stress the very great need of pressing on with the extensions to the Hall."

G. H. GATTIE

"The general work of the school has continued at the normal pace. We have had on the whole a peaceful and uninterrupted school year, except for the almost unbroken procession of workmen who have been in possession of the Hall.

The electrical rewiring has been completed and how we all enjoyed working in the dark days of November and December as a result of the improvement! With the decoration of the wards and corridors in light and varied colours, new floor coverings and curtains, new furniture for the cerebral palsy cases, new chairs for the rest of the children, hand-rails along



corridors and staircases as a help to the children and a protection to the walls, we are growing increasingly proud of our school.

During the winter months two supervised evening recreational sessions have been introduced each week. Most children of eight years and over attend and enjoy themselves. A Brownie Pack has been started which is very popular indeed, and the Guides, Scouts and Wolf Cubs continue to flourish. In all these activities our lack of space is a great handicap, so much time being lost and energy wasted putting materials away and getting it out again because the rooms are used for so many purposes. In addition the excessively arduous task of carrying heavy children up and down stairs to and from the dining room and to the toilets, or to the various dormitories, places an additional physical burden on both teaching and nursing staffs and causes them great anxiety.

At Christmas three girls aged 16 left. Arrangements have been made by the Youth Employment Bureau for a Manchester firm of embroidery and transfer fame to supply one girl with embroidery which she will do at home, and the other two have been placed in factories near their homes where they are receiving training in light machining.

In November a group of girls visited the Red Rose Guild Exhibition of Arts and Crafts and during December we sent some of our embroidery and weaving to an open competitive exhibition held in Knutsford and were very pleased to receive a First Prize in the weaving section and a Third Prize in the embroidery section for young girls.

On 18th December we had our Tree Day and Concert and on 20th December a Mothers' Afternoon. We exhibited the Arts and Crafts and Needlework done during the year, and gave a concert in which 44 out of the 45 children in the school took part. As some of the children cannot walk at all and a large percentage are too severely handicapped to move unaided about a stage, the ingenuity of the teaching staff is taxed to find suitable varied material for the plays, the interest having to lie almost entirely in the spoken word. The older boys find their happiest medium in Puppet Plays which have become a tradition at the concerts. They are becoming increasingly expert at making and dressing the puppets, manipulating them and speaking the parts.

Looking back over the year and viewing the gathering together of the tangible evidences of their work, one realizes that these children are kept very busy indeed. The standard of their general education, of their craft-work, needlework and art, their speech, their self-control and poise shown during the concert, the concentration demanded during their periods with the physiotherapist reveal the continual effort which is required of them, and gives one some small realization of the fortitude which they show towards life. Not pity but admiration and humility should be our attitude towards them. This constant effort put out by the children is made possible by the care and thought which is given to their well-being, to the quantity and quality of their meals, the regularity of their lives, and by the atmosphere of sympathetic affection by which they are surrounded."

ELSIE J. DUFFY

#### (c) RESIDENTIAL OPEN-AIR SCHOOLS

Residential open-air treatment for delicate children is provided at the Committee's two residential open-air schools. These are at Styal, Cheshire, for boys and girls, and at Summerseat, near Bury, for girls only. Although quite a number of children receive treatment during the year there is a long waiting list and children have to wait for a period of nine months after examination and ascertainment before there are likely to be any vacancies. The acquisition of another residential open air school would help materially to reduce the waiting list and negotiations for the purchase of a large hall were in hand during the year. The children are under the care of a Matron who is assisted by a fully qualified nurse and by home mothers. Local medical practitioners examine all the children on admission and visit the schools regularly to conduct periodical examinations. They are also "on call" in any emergency.

##### (1) *Residential Open-Air School, Styal*

		Boys	Girls	Total
Number of children in residence, 1st January 1951..	..	35	19	54
Number of children admitted during the year ..	..	96	46	142
Number of children discharged during the year ..	..	87	48	135
Number of children in attendance, 31st December 1951 ..	..	44	17	61

In the report for 1950 on this school, it was stated that the staffing situation had improved and that all the available accommodation for 112 children would be utilised. Unfortunately, the position was not maintained and the expected augmentation of the staff did not materialise. It was therefore not possible to reopen the house that has been closed for some time, and the number of children in attendance had to be restricted to 84.

The Visiting Physician's report on the health of the children resident in the school follows :—

"During the year 1951 I attended the Manchester Residential Open Air School four days each week, and in addition whenever necessary. As well as attending to the incidental illnesses, I examined every child on admission, once every term, and on discharge. All serious cases and urgencies were sent to hospitals in Manchester. There were no epidemics during 1951, and apart from several cases of acute appendicitis and tonsillectomies the illnesses attended to were a miscellaneous collection of sore throats, bronchitis, coughs and colds, cuts and bruises, eczema, septic fingers and septic toes.

Several children were immunised against diphtheria, and I also attended to the staff on various occasions.

The great majority of children benefited by their stay at the Open-Air School."

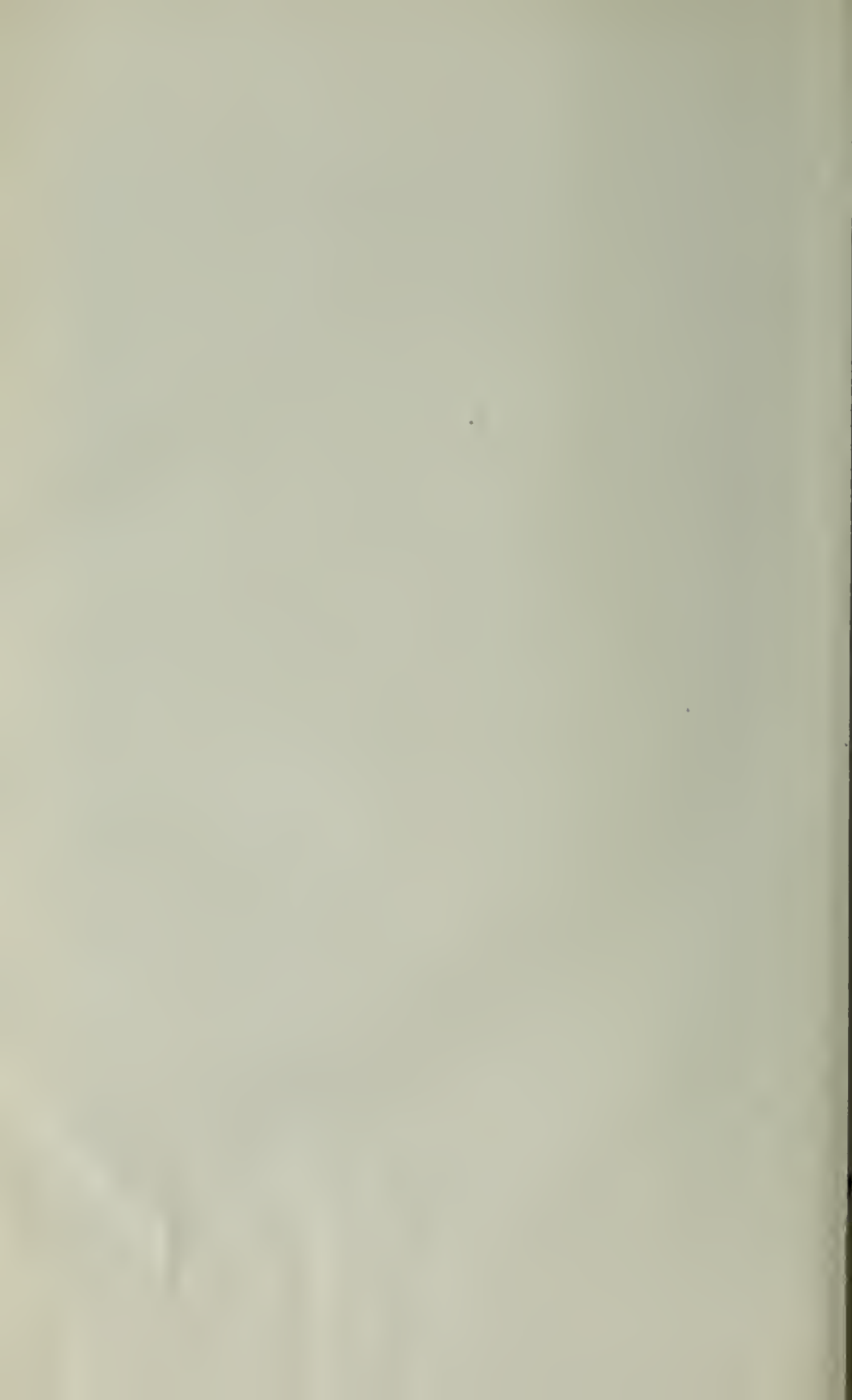
R. EDMONDSON

The educational aspect of the school is dealt with in the following report kindly supplied by the Headmistress :—

"1951 has been a very full year at Styal. From January to December, 142 children have been admitted and 135 children discharged.



*Summerseat Open-Air School for Delicate Girls*





The predominating ailments from which the children were suffering were asthma, bronchitis, malnutrition and nervous disturbances due mainly to home circumstances.

The outdoor work — a special feature of this type of school — has been continued. All the children have taken gardening. The older children have each cultivated a miniature allotment and flower garden. The juniors have had charge of two flower borders, annual and perennial, while the infants have kept an annual flower border and a herb garden. The latter did not meet with the success we had hoped but perhaps we shall have better results in the coming year. The seniors' vegetable gardens yielded greater crops than for many years. Just before the summer holidays the plots were judged. The farm bailiff very kindly did this for us.

The greenhouse, too, has been an asset. Heat went on on 3rd March 1951, and the gardener records a crop of three hundred and eight pounds of tomatoes. These supplied the "homes". The greenhouse has also been most useful for growing pot plants and for raising seed in boxes.

Still more contact has been held with parents this year. As well as the Sales Day at the end of each term, parents were invited to the Sports Day held in June. It was a beautiful sunny day and before the prize distribution refreshments were served in aid of the School Fund. Also in aid of this fund a sale of flowers, which had been grown by the children, was held in September.

Many changes have been made in the organisation, etc. Store rooms have been changed so that we now have a convenient and suitably fitted gardening and woodwork store. One room has been made into a library, and already on a modest scale a lending library has been started. This was welcomed with great enthusiasm. In the hall we had a temporary stage but now attempts at improving it have been made.

Projects of many kinds have been carried out during the year. Just before the Summer Term ended one class invited the others to their performance of plays done with rod puppets. This term they have become more ambitious and have made marionettes. These they hope to use at our end of term plays.

In July two classes also gave P.T. demonstrations and it is hoped P.T. and Dancing displays will be given at the end of the present term and that the parents will be invited.

This year three children were eligible for the Scholarship Examination. One gained a place at Levenshulme High School. She worked well during her stay with us.

Throughout the school there has been an atmosphere of keenness and lively interest."

M. WEBSTER

## (2) *Summerseat Special School*

During the year this school continued with the work outlined in previous reports. The whole of the accommodation was utilised during most of the year but unfortunately the number of admissions had to be reduced during the last quarter due to indisposition of members of the resident nursing staff, which numbers only five in all.

Number of children in residence, 1st January 1951 .. .. .	28
Number of children admitted during 1951 .. .. .	44
Number of children discharged during 1951 .. .. .	52
Number of children in residence, 31st December 1951 .. .. .	20

The following report has been supplied by the Visiting Medical Officer :—

“ Each child is medically examined as soon as possible after she is admitted, and subsequently at monthly intervals. Children requiring special attention are seen at the weekly visits or at the request of the Matron.

There have been no epidemics this year, but there were four cases of measles during January and three cases of German measles in February. The girls suffering from measles were admitted to the Local Isolation Hospital, thus preventing any further spread of the infection.

During this year half of the girls admitted could not be classed as suffering from any specific disease, but perhaps the term “Poor General Condition” describes them. These children usually rapidly put on weight and were fit for discharge after a stay of two or three months.

Six of the fifty-two children discharged were taken home at the request of their parents before the child had benefited by her stay in the school.”

H. KELSEY

The Headmistress reports on the educational activities of the school as follows :—

“ The programme of the work of the school during the past year has not differed in any marked degree from that of former years.

Music and drama continue to hold a high place in our educational values. Producing plays, improvising scenery and stage properties develops a true sense of initiative and self-reliance, in children who normally lack such qualities.

We have had additional “ Open ” afternoons which have been popular with parents, friends and children. Such occasions allow the teaching staff to make valuable contacts with the parents, having a stimulating effect on the life of the school as a whole.

The children have explored the district around the school, collecting specimens for their nature table, water plants for their aquarium and making friends at first hand with the animals of a nearby farm. A thrilling experience for town-bred children.

The Seniors have visited Bury Art Gallery and took a lively interest in the majority of the pictures.

A group of girls of school leaving age have had lessons in simple dress-making and machining and have developed a high standard of proficiency.

The acquisition of a projector has enlarged the scope of much of our work with the Seniors, as well as providing much appreciated entertainment for the younger children in the school.

As in former years we have provided gifts of flowers and foliage from our Coronation Garden for our adopted Infants’ School in Ancoats.”

I. ALCOCK

(d) BOSTOCK HALL RESIDENTIAL SCHOOL FOR EDUCATIONALLY  
SUB-NORMAL CHILDREN

As stated in the last year's Annual Report, the school was opened with only one class and early in this year increased to two classes of twenty children each. The later admissions have been predominantly older children, so that all ages from 7 upwards were in residence.

Forty being the limit of the existing accommodation, further adaptations and extensions are now being considered, including the use of an additional wing, previously occupied by the Cheshire County Council Meals Service.

The Headmistress, Miss M. E. Edwards, reports as follows :—

"The school was opened in October 1950 with twelve children on the roll. In March 1951 six more children were admitted and by May 1951 there were forty children on the books. The staff consists of the head teacher, deputy warden and two assistant teachers. The children's age range is 7-14 years, there being twenty boys and twenty girls.

In an attempt to establish foundations at Bostock we found that Cheshire people extended us a warm welcome. We escort the children to Children's Service in Winsford Methodist Chapel on Sunday mornings. In the afternoon Davenham Parish Church holds a Mission Sunday School in our ballroom, and outside children attend. Both these Churches have been generous in their consideration, gifts and kindness to our school. During the summer the Winsford Rotarians provided a trip to Rhyl and a visit to the Circus and members came to donate personal gifts to the children at the Christmas Party. The Plaza Cinema, Northwich, allows our children free entrance on Saturday afternoons and also presented valuable Christmas gifts to each child. The school has been invited to no less than five Rose Queen Festivals. Mrs. Carnegie (the former owner) maintains a continued interest in the development of the school. After seeing the Nativity Play at Christmas, she wrote: "The old home could not have been put to better use". Many parcels of books and various gifts are sent to us by individuals and clubs.

Letters to parents, friends and Manchester schools are written regularly and parents' visits encouraged. We all enjoyed Belle Vue Sports, the children and staff meeting many old friends. The visit to the pantomime was also a success. Waterloo Road Infants' School spent a memorable day picnicking in the grounds. Two parties of children from Nelson Street came out fishing and on "conker" expeditions. The pupils of Green End School brought out their Puppet Theatre and gave us an enjoyable show.

Three major events in school life attracted many parents, visitors and guests. These were Sports Day in June, Bonfire Night Celebrations and the Nativity Play and Christmas Party.

Points of note in our life are school pets, interest and growing knowledge of wild life, work arising from environment and from the exciting business of living together as a family.

We look forward eagerly to the coming year when we hope to see all the plans we have made during winter evenings at the fireside come into being."

M. EDWARDS



Dr. R. Dudley Jones, the visiting physician, submits the following report about the health of the children :—

“ I have much pleasure in submitting my annual medical report on this school for the year 1951.

We have been very fortunate this year and have managed to avoid any outbreak of infectious disease.

There have been a few minor injuries, but nothing of any serious nature.

The general health and development of the children has been good and I think there is no doubt they have benefited by the excellent situation of this school.”

#### RIBBLE LODGE HOSTEL

This Hostel, situated in a suburb of the City, provides residential accommodation for 32 educationally sub-normal children who attend Cheetham Day Special School. Arrangements are made for the majority of the children to go home at week-ends and during the school holidays.

Miss G. E. Murray, the Warden of the Hostel, and Head Teacher of Cheetham Day Special School, has furnished the following story about some aspects of the family life of the children during the year.

“ During the past year at Ribble Lodge we have developed fireside activities which are usual in the ordinary good home where interested parents and adults supply suitable conditions in which these tasks can be carried out. We have also observed that the mere provision of apparatus and play material, however attractive, gives initial pleasure, but interest soon flags. If the adult comes along and commences to use or play with the materials and toys, often saying nothing, the children immediately respond, improvisations follow and interest is assured. Our playroom is now well equipped with toys, drawing and painting materials, but the teacher has to be there, helping, suggesting and working with the children if they are to enjoy their evenings fully. We achieved a lovely set of Christmas friezes and pictures for the bare walls of the dormitories in this way.

Many of the children do not want to play all the time and often come asking for jobs instead. They like something with a purpose, but need the teacher to be about giving a helping hand or showing interest in order to gain the maximum enjoyment out of the doing of the job. We have used this desire in them by providing two old woodwork benches, £2 worth of tools (mostly from Woolworth's), and a teacher who is also keen. Waste wood has been provided by our friends and the results have been full of variety. They include table lamps from cotton reels, model aeroplanes and boats from date boxes, lollipop sticks and old brush stales ; a ring board from the bottom of an apple barrel, a whole set of doll's furniture made by a girl accurately and attractively, a toast rack from plywood and thick cane. We note that the girls come in quite naturally and work well. All the models are attractively coloured and beautifully finished because sand-papering by the fireside, while chattering to one's friends, is comfortable and pleasant.



Great strides have been made in providing ourselves with knitted garments. The girls love to be invited into my sitting room to knit. We bought a quantity of brightly coloured wool from a sale and started knitting thick winter scarves in varying striped designs. We chose a fancy rib pattern and allowed the girls to choose their own colours as soon as they were proficient. We were soon all doing scarves and our long daily bus journeys gave us ample opportunity for steady progress, and working from one coloured stripe to another makes the work grow much faster.

Now that snow and frost are with us, most of the children are wearing them and the rest are envying and progressing. We have noted with interest that the boys have requested wool and needles and are well embarked on similar difficult scarves. Incidentally they have achieved a better tension and make fewer mistakes than the girls and this tends to make the girls look to their laurels.

The Housecraft Bungalow is also a popular rendezvous in the evenings. There the children can take their games and toys and use the kitchen utensils, play 'house' or bring knitting, sewing, etc., as they would in an ordinary little house. The teacher is usually doing some needlework and can always provide others with something to do. Check gingham, again bought in a sale, has many possibilities for easy embroidery and making into simple articles. Here again, we notice that the boys as well as the girls hover round the knitting and ask to do it, and several of the boys are quite handy with the needle and the rughook.

We have purposely not allowed this kind of activity too often to see what the children's reactions were, but they are always asking for more opportunities to do it. We therefore comply whenever possible and have had a comparatively placid and settled year as a result."

G. E. MURRAY

## HOSPITAL SPECIAL SCHOOLS

### ABERGELE SANATORIUM HOSPITAL SPECIAL SCHOOL

Abergele Sanatorium, which makes provision for medical and surgical treatment of tuberculosis, and its school in the grounds of the estate, were established by the Manchester Public Health Committee and were maintained by them until the 5th July 1948, when under the National Health Services Act 1946 the Sanatorium was transferred to the Ministry of Health. It is now administered by the Welsh Regional Hospital Board through the Clwyd and Deeside Hospital Management Committee.

Following a request from the Hospital Management Committee and after consultations with the Manchester Regional Hospital Board, the Manchester Local Education Authority, with the approval of the Ministry of Education, accepted administrative and financial responsibility for the educational facilities in the Hospital Special School as from 5th July 1948.

The children's section in the sanatorium caters almost exclusively for Manchester children. Miss M. Park, the Head of the School, has contributed the following account of the activities during the year :—

" This school has a staff of eleven teachers, including special subjects teachers for Woodwork, Domestic Science and Commercial subjects. The

age range is 2 to 18 plus. Most of the teaching is done on the wards. The happiness of the child takes a primary place in our work, and the close co-operation of nursing, medical and teaching staff is a happy feature and of direct value to the child. One can readily realise the difficulties in a long, weary illness, separation from home — children from every type of school and home to be united in a new school life. Our aim is control through guidance and conviction rather than force, thus where outer force has been strong, behaviour shows licence and destruction, until our friendship wins through and creates a desire to aim at self-control.

Interesting school projects are rich in this atmosphere — Christmas, Easter, National days, birthdays, bring a full life for all. Our Festivals are the big social contacts of the year for staff and scholars. Parents with few exceptions come for that day, and as one observes the satisfaction one realises this is a good school - parent association.

This year, in co-operation with the Medical and Nursing Staff, a coloured film has been produced to set forth the beauties of this well planned place, and establish knowledge and confidence in the outside world about sanatoria.

One of our staff has been appointed head of a large school in Nottingham, and we are proud that Abergele has been able to contribute our teaching research in other parts of the country.

The school has a studio equipped with microphones from which original programmes and features are regularly relayed to the rest of the hospital by both 'bed' and 'up' patients. This, together with film strip teaching and movies, tell of good equipment popular in school.

Club life includes Guides, Scouts, Rangers, Brownies, Cubs and Kindergarten Club, Summer Camp, etc.

Manchester Inspectorial Staff have been exceedingly helpful and understanding, encouraging monthly visits of staff to Manchester schools, and by friendship and contributions breaking down the isolation which is inevitable in sanatorium life."

			<i>Boys</i>	<i>Girls</i>
Number of children on roll, 1st January 1951	..	..	88	77
Number of children admitted during the year	..	..	80	57
Number of children discharged during the year	..	..	89	50
Number of children on roll, 31st December 1951	..	..	79	84

M. PARK

#### BOOTH HALL HOSPITAL SCHOOL

The Education Committee are responsible for the administration of this School housed in the hospital by arrangement with the Regional Hospital Board. The hospital provides comprehensive medical and surgical treatment for children: girls up to the age of 16, boys to 15 years of age. The education facilities are available both in bed and in the wards and for ambulatory cases in classrooms which are specially converted wards.

The teaching staff consists of two assistant teachers and a Headmaster, who has kindly submitted the following report on some aspects of the school during the year :—

"During the year the School has continued to provide individual teaching for children in the hospital who have been recommended by the medical

staff as being fit to carry on with their education. Bedfast children have been taught in the mornings and children who are able to get up have been taught in two groups in the afternoon in the school which has been established in a ward set aside for the purpose.

The main aim of the teaching provided has been, as always, to help the children to retain a lively interest in the world outside the hospital and to maintain a reasonable standard of attainment in the three R's.

About a third of the children on the roll are orthopaedic cases whose average duration of stay in the hospital has increased from about 12 weeks to 30 weeks. An effort has been made to keep these children in touch with others in the hospital by the organisation of a limited number of group activities. In the autumn, the afternoon school group prepared a portable harvest festival display, using fruit and vegetables provided by the school children. This was taken round the hospital wards and a short service was held in those wards where school children were in bed. A similar procedure was carried out before the Christmas holiday, when a small choir sang carols in the ward and showed a coloured film strip of the Nativity.

During the period under review great use has been made of the hospital's sound projector in conjunction with a daylight projection screen. Educational films from a number of sources have been used to amplify subjects being dealt with in the school and to present aspects of the world at large in a form in which they can be understood by the children. In addition a number of entertainment films have been shown out of school time. These have been very well received."

				<i>Boys</i>	<i>Girls</i>
Number on roll at 31st December 1950	..	..	..	15	20
Number admitted during the year	..	..	..	124	113
Number discharged during the year	..	..	..	119	108
Number on roll at 31st December 1951	..	..	..	20	25

L. CUNLIFFE

## STYAL COTTAGE HOMES

Acting in an advisory capacity, the School Medical Officer is responsible for the arrangements for the children in Styal, as in all the Children's Committee's Homes. Dr. Edmondson, a local general practitioner, attends the school four times each week, and on request in any emergency. He medically examines the children on admission, on discharge and at regular intervals during their stay in the Homes.

A small hospital block is provided for treatment and isolation of sick children and two trained nurses are on duty.

An application has been made to the Ministry of Education for the school in the grounds of the estate to be recognised as a County Primary School under the administration of the Education Committee, and when approved the school will be included in the School Health Service arrangements for periodic medical inspections. Children of school age in residence in the Homes will then be medically inspected in the various age groups by assistant school medical officers.



The children's eyesight was supervised as usual by Dr. Dugan, an assistant school medical officer, and periodic visits were made to the Home for this purpose. Dental supervision was given regularly by members of the staff of the School Dental Service.

The visiting practitioner's report stated that generally the health of the pupils has been very satisfactory and that no serious illnesses or epidemics have occurred during the year.

## CONVALESCENT TREATMENT

Residential convalescent treatment has again been provided for children who are debilitated because of previous illness or very unsatisfactory home conditions.

During the year 699 children received convalescent treatment through the Committee's arrangements and 152 through the Invalid Children's Aid Association who have continued to co-operate closely in the placement of children, and reference is made to their work in the concluding paragraph of this report. Children are directly placed in two homes, the Dr. Garrett's Memorial Home administered by the Health Department and St. Joseph's Convalescent Home, Freshfield, near Southport. Dr. Garrett's Home accepted 609 new cases as compared with 426 in the previous year, because for the greater part of the year 22 children were admitted each fortnight, instead of 14 as was usual in recent years. There were, in addition, a few extra admission days.

The majority of the recommendations are received from the Assistant School Medical Officers: others come from Booth Hall Hospital, the Duchess of York Babies' Hospital, Tuberculosis Offices, the Maternity and Child Welfare Department and from general practitioners.

In 1951, 1,054 children were medically examined and recommended for convalescent treatment. There are still 190 children awaiting treatment.

The discharges for 1951 totalled 676, as compared with 469 in 1950.

The following tables show the numbers of children dealt with during the year through the Committee's arrangement:—

Number of children admitted, 1st January to 31st December 1951 ..	699
Number of children discharged, 1st January to 31st December 1951 ..	676
Number of children remaining in convalescent homes, 31st December 1951 .. .. .	119

### ADMISSIONS

<i>Quarter :</i>	March .. .. .	152
	June .. .. .	151
	September .. .. .	193
	December .. .. .	203

### DISCHARGES

<i>Quarter :</i>	March .. .. .	139
	June .. .. .	144
	September .. .. .	204
	December .. .. .	189



## SUMMARY OF ADMISSION

					<i>Number of Children</i>
Dr. Garrett Memorial Home, Conway .. .. .	..	..	..	..	609
St. Joseph's Convalescent Home, Freshfield .. .. .	..	..	..	..	90
					<hr/> 699 <hr/>

## SUMMARY OF DISCHARGES

			<i>To Christie Hospital</i>	<i>To home, fit</i>	<i>On Demand</i>
Dr. Garrett Memorial Home .. .. .	..	..	1	545	52
St. Joseph's Convalescent Home .. .. .	..	..	—	73	5
			<hr/> 1 <hr/>	<hr/> 618 <hr/>	<hr/> 57 <hr/>

During 1951, for various reasons, 165 recommendations were cancelled. Details of these are as follows :—

Cancelled by parent (did not wish child to go away) .. .. .	..	..	..	30
Cancelled by Assistant School Medical Officer (child no longer in need of convalescent treatment) .. .. .	..	..	..	46
Parents did not keep appointments .. .. .	..	..	..	89
				<hr/> 165 <hr/>

## JOURNEYS

<i>Quarter :</i>			<i>Dr. Garrett Memorial Home</i>	<i>St. Joseph's Convalescent Home</i>
March .. .. .	..	..	8	6
June .. .. .	..	..	6	5
September .. .. .	..	..	8	6
December .. .. .	..	..	8	6
			<hr/> 30 <hr/>	<hr/> 23 <hr/>

TOTAL — 53

## INCIDENCE OF INFECTIOUS DISEASES

### *Dr. Garrett Memorial Home :*

Scarlatina .. .. .	..	..	..	..	3
Tonsillitis .. .. .	..	..	..	..	50
Measles .. .. .	..	..	..	..	1
Chickenpox .. .. .	..	..	..	..	10
Rubella .. .. .	..	..	..	..	18

### *St. Joseph's Convalescent Home :*

Measles .. .. .	..	..	..	..	1
Whooping cough .. .. .	..	..	..	..	4
Chickenpox .. .. .	..	..	..	..	6

The Invalid Children's Aid Association, which is a voluntary body, is able to obtain a number of places at various convalescent homes and in approved cases the Education Committee agreed to bear the cost of the treatment after the children had been medically examined by Assistant School

Medical Officers. The number of Manchester children approved and placed by the Invalid Children's Aid Association in 1951 is given in the table below, with the names of the convalescent homes to which they were sent :—

West Kirby .. .. .	33
Ormerod Homes, St. Annes .. .. .	33
St. Joseph's, Freshfield. . . . .	29
Taxal Edge .. .. .	26
Hilbre Nursing Home, Prestatyn .. .. .	17
Ellen Gonner Home, Hoylake .. .. .	8
South Meadow, Pensarn .. .. .	5
Margaret Beavan Home, Pensarn .. .. .	2

## TUBERCULOSIS

Children found at medical inspections at school or clinics and considered to be possible cases of tuberculous infection are referred to the Manchester Chest Clinic which is jointly administered by the South Manchester Hospital Management Committee and the Health Department. As in former years, there was the closest co-operation between officers of the School Health Service and the Consultant at the Clinic, and reports showing the diagnosis and treatment recommended were received regularly. The recording of statistics at the Clinic is confined to five year age groups and, consequently, figures for an age group 0 - 14 years are quoted.

During the year 2,258 children were examined at the Clinic and of these 68 boys and 64 girls were found to be suffering from tuberculosis. An analysis of the cases notified shows 52 boys and 45 girls with respiratory tuberculosis, and 16 boys and 19 girls with non-respiratory tuberculosis. Dr. M. J. Greenberg, the Consultant Chest Physician, and the Health Department, has kindly supplied the statistics for the following table which enables comparisons to be made with previous years' figures.

It will be seen that although the number of children examined during the year has again increased, the number notified as tuberculous is the lowest recorded during recent years.

### CHILDREN : AGES 0 - 14 YEARS

			<i>Number examined at the Chest Clinic</i>	<i>Number notified as Tuberculous</i>
1944	..	..	1,262	149
1945	..	..	1,005	166
1946	..	..	1,019	148
1947	..	..	1,039	155
1948	..	..	1,150	140
1949	..	..	1,230	154
1950	..	..	1,477	143
1951	..	..	2,258	132

## MASS RADIOGRAPHY SURVEY OF SCHOOL LEAVERS

Mass Miniature Radiography examinations of children leaving schools other than Secondary Modern Schools was carried out during the latter part of the year at Southall Street School. The majority of children leaving the Secondary Modern Schools, however, also had an X-ray examination of the chest in the course of the anti-tuberculosis vaccine trials.

The following interesting report on the year's work has been kindly contributed by the Medical Director of the Mass Radiography Unit undertaking the examinations.

"The examination of school leavers by the No. 2 Mass Radiography Unit, Manchester Regional Hospital Board, was in 1951 confined to volunteers from schools who were not taking part in the Medical Research Council anti-tuberculosis vaccine scheme. In consequence, the numbers dealt with were considerably lower than on former occasions, but the findings, in the main, are comparable.

	<i>Males</i>	<i>Females</i>	<i>Totals</i>
1. Number examined on miniature film .. .. .	929	861	1,790
2. Regarded as "normal" on miniature film .. .. .	885	824	1,709
(Percentage of 1) .. .. .	95.26%	95.7%	95.48%
3. Miniature film showing abnormality not requiring further investigation .. .. .	19	26	45
(Percentage of 1) .. .. .	2.05%	3.02%	2.51%
4. Recalled for examination on full size film .. .. .	25	11	36
(Percentage of 1) .. .. .	2.69%	1.28%	2.01%
5. Failed to attend for full size film .. .. .	—	—	—
6. Passed as "normal" after large film .. .. .	5	5	10
7. Large film showed abnormality not requiring further investigation or action .. .. .	3	1	4
8. Recalled for clinical examination following examination on large film .. .. .	17	5	22
(Percentage of 1) .. .. .	1.83	0.58%	1.23%
9. Failed to attend for clinical examination .. .. .	—	—	—
10. Passed as "normal" after large film and clinical examination .. .. .	7	1	8
(Percentage of 1) .. .. .	0.75%	0.12%	0.45%
11. Recalled for clinical examination but not considered to require further investigation or treatment .. .. .	—	—	—
12. Recalled for clinical examination and referred to Private Practitioner for further treatment .. .. .	1	—	1
13. Recalled for clinical examination and regarded as needing further observation at a Chest Centre .. .. .	9	4	13

Evidence of inactive primary tuberculosis lesions was found in eighteen instances, and of inactive post-primary lesions in one instance.

Of the thirteen children referred to Chest Centres for further observation, two have so far been definitely diagnosed as suffering from active post-primary tuberculosis, one is regarded as a case of inactive post-primary tuberculosis, one is a case of bronchiectasis, one a simple inflammatory lesion, and one (after observation) was found to have no significant lesion.

Continued observation is necessary for the remaining seven before a final assessment can be made.

The case referred to the private practitioner was one of mitral stenosis.

At the time the report for 1950 was prepared there were thirty-two children remaining under observation at Chest Centres. Of these one had been diagnosed as a case of tuberculoma right lower zone, twelve were regarded as cases of inactive primary tuberculosis and three of inactive post-primary tuberculosis, eight were cases of bronchiectasis, two of chronic bronchitis, four simple inflammatory lesions, and the remaining two pleural thickening."

R. WALSHAW

### ANTI-TUBERCULOSIS VACCINE TRIALS

With the approval of the Education Committee, trials of anti-tuberculosis vaccines have been conducted during the year on behalf of the Medical Research Council, who provided the medical and radiological staff. Nursing and clerical assistance was given by members of the School Health Service.

Meetings of Head Teachers of the schools concerned were held prior to the commencement of the trials, the Physician-in-Charge of the Unit giving an explanatory talk about the reason for holding the trials and inviting their co-operation to make them a success.

During the trials recordings were made by the British Broadcasting Company, and these were relayed over the Home Service on 17th July 1951.

The children selected were those in the school leaving age group from secondary modern schools, whose parents had given written consent for them to take part.

In the term prior to each child's last term in school, he or she was invited to attend a nearby school clinic, where the primary tests were carried out. These necessitated a series of three attendances at the school clinic, six of which were placed at the disposal of the Medical Research Council for use during the required period.

In the following term, just before the children were due to leave school, three further attendances at the clinic were made for checking purposes. After leaving school the children will be visited by a school nurse so that information about the children's subsequent health can be obtained and passed to the Medical Research Council team to enable them to complete the investigation and assess the findings.

The following is a brief report of the scheme submitted by the Physician-in-Charge of the Medical Research Council team conducting these trials in the Manchester area :—

#### *Anti-Tuberculosis Vaccines Clinical Trial*

" The Tuberculosis Unit of the Medical Research Council is at present carrying out a large scale trial of anti-tuberculosis vaccines. The work is being carried out by three teams, one based in London covering the population in the Home Counties, and another based in Birmingham covering the towns of Birmingham, Coventry, Smethwick, Walsall and Wolverhampton.



The third unit is based in Manchester and is working in the towns of Manchester, Stockport, Salford, Leeds, Bradford, Oldham, Bolton and Rochdale.

The children taking part in the trial are school leavers who are about to reach the age of 15. They are the children who are entering the 15 - 25 age group, a group which produces a large number of cases of tuberculosis.

An explanatory leaflet is sent to the parents asking for their consent to allow their children to take part in the scheme. The children are X-rayed and tuberculin tested, and by this test it is possible to find out the children who have already had their first infection with the germ of tuberculosis. Rather less than half of the children who are tested are found to have had an infection with the germ, and have presumably built up some degree of resistance to the disease. Most of the children who by the tuberculin test are found not to have had their first infection with the germ and who have, therefore, not built up any resistance to tuberculosis, are given vaccine. Two vaccines are being used :—

- (1) B.C.G. Vaccine, which has been widely used in Europe and elsewhere.
- (2) Vole Vaccine, which is made in this country but which has not been so extensively used.

As they are prepared now, the vaccines are harmless.

During each of the next three years every child who completes one series of tests will be carefully watched. He or she will receive two home visits by a Health Visitor who will report any change in the health of the child. Between these two visits a letter will be sent, again checking that there has been no alteration in the child's state of health. In addition, the Mass Radiography Unit of the M.R.C. will be located in the areas concerned and will arrange for all the children in the scheme to be X-rayed annually.

At the end of about three or four years it will be possible to assess the amount of protection which the vaccines have conferred, and it may also be possible to establish which of the two vaccines is the more effective."

G. G. LINDSAY

*Physician-in-Charge,  
Manchester*

Three series of trials have been held this year and of the 6,272 children who were due to leave school during the period covered by the trials to date, acceptances for participation were received on behalf of 4,014 (64%), and 3,157 (50.3%) completed the tests and were admitted to the trial.

In December, home visiting by school nurses commenced as part of the "follow-up" procedure, and 1,446 visits were made to obtain the necessary information about 916 of the first group of children to be tested. 2,250 children of the first year's trials are yet to be seen and it will be seen that an appreciable amount of the time of nurses will have to be spent on this work during 1952.

## MATERNITY AND CHILD WELFARE

Co-operation with the Maternity and Child Welfare Department of the Health Committee continued as in recent years and this Service has again received requests to provide certain forms of treatment to children of under school age at the school clinics.

The principal ailments were defective vision and ear disease, and during the year 171 children were treated, the cost being charged to the Health Committee.

<i>Ages of Children treated</i>	<i>No. of Children treated</i>	<i>Defects or Diseases</i>					
		<i>Defective Vision</i>	<i>Ear</i>	<i>Skin</i>	<i>Speech</i>	<i>Debility</i>	<i>Uncleanliness</i>
0-1	33	21	10	2	-	-	-
1-2	35	26	4	5	-	-	-
2-3	45	35	5	4	1	-	-
3-4	39	32	3	1	1	1	1
4-5	19	18	-	-	-	1	-
TOTAL ..	171	132	22	12	2	2	1

## INFECTIOUS DISEASES

Principal teachers submit weekly returns of all new cases of infectious diseases among children attending their schools in addition to which particulars of children officially notified are received from the Health Department, together with statistical records. These returns, together with previous reports, are carefully scrutinized each week in order that prompt action may be taken should any suspicious circumstance or serious outbreak be indicated. An assistant school medical officer is allocated to this duty for one session each week and where necessary visits are made to the schools concerned for a detailed investigation. Arrangements are also made for this officer to be available for additional visits in any emergency.

The doctor responsible for this work reports as follows:—

“In the early part of the year there was an outbreak of Measles at one school, but apart from this there were no serious epidemics. Sporadic cases of Scarlet Fever occurred throughout the year. The number of Diphtheria notifications fell to twenty-six, and investigation at one school brought to light two ‘carriers’ who were excluded from school. Arrangements were made for their treatment. It is pleasing to report that once again there was no serious epidemic of infectious disease during the year and that the statistics which follow compare favourably with those for recent years.

In 1951 the number of schools visited was fourteen and 835 children were individually inspected.”

Measles .. .. .	2,941
Whooping cough .. .. .	937
Scarlet fever .. .. .	747
Diphtheria .. .. .	26
Chickenpox .. .. .	3,077

NORAH REGAN

## IMMUNISATION AGAINST DIPHTHERIA

The immunisation of children against diphtheria was carried out at schools during the year in accordance with the scheme outlined in the report for last year.

Under these arrangements a very satisfactory response has followed the recommendation that children should receive a "booster" dose five years after receiving primary immunisation. A considerable number of children who were overdue for re-immunisation and whose parents would no doubt have let the matter rest, have been inoculated, the parents having given consent to this being done at the time of the medical examination in school.

T.A.F. prophylactic was re-introduced in August for the immunisation of older children, all other children being injected with P.T.A.P. in order that the Medical Research Council should have further information about the subsequent reactions and efficiency of this prophylactic.

Since the introduction of the new scheme in September 1950 most of the authorities' schools have been visited and during the year assistant school medical officers have devoted 451 half-day sessions to this work in schools alone; 32,371 children were immunised, and of these 5,933 received primary immunisation and 26,438 "booster" doses. 1,210 other children received a first inoculation, but did not attend to complete the course.

## CHIROPODY

It was noted in the Annual Report for 1950 that arrangements had been made for a Chiropodist to be specifically engaged to undertake the examination of the feet of all children attending three large schools in different parts of the City, which might be considered as fairly representative of the whole school population. This survey was arranged to obtain information which might indicate whether a special foot treatment service was necessary for Manchester school children. The examinations were undertaken by Mr. W. G. Overfield, from October 1950 to the end of January 1951, and subsequently a report on the findings was presented to the Education Committee in June 1951. The report provided some very interesting and, to some extent, startling information. The number of children examined during the survey was 2,217. Details of the 1,489 foot defects found among these children are shown in the following table:—

### TOTAL NUMBER OF DEFECTS

Pronation .. .. .	1,107	Callosities .. .. .	11
Corns .. .. .	47	Athlete's Foot .. .. .	12
Onychogryphosis .. .. .	10	Verrucae .. .. .	17
Hallux Rigidus .. .. .	3	Bromidrosis .. .. .	52
Pes Planus .. .. .	46	Deformed and Clawed Toes	19
Short first M.T. Joint .. .. .	28	Chilblains .. .. .	89
Hallux Valgus .. .. .	7	Ganglion and	
Hammer Toes .. .. .	6	abnormal bursae .. .. .	4
Ingrowing Toe Nail .. .. .	31		

The number of cases of pronation relates often to separate feet and is therefore much higher than the number of children concerned.

A striking disclosure of the survey was the fact that, of the number of children examined, three quarters were wearing shoes of the wrong size,



and this, together with badly-fitting footwear and hosiery generally, is considered to be the cause of very many of the defects found. During the survey, in every such case, the parents of the child and the teacher were informed of the correct size and fitting of shoe required. In addition a circular letter has been prepared for the information of parents, copies of which will be sent in 1952 to the Head Teachers of all schools for distribution to every child. The following is a copy of the letter :—

“ Dear Parents,

#### YOUR CHILD'S FEET

A recent survey of the feet of children attending some Manchester schools revealed that nearly half the children had foot defects of one kind or another, and nearly three-quarters of them were wearing shoes of the wrong size, usually too small. Most of the defects could have been prevented by wearing socks and shoes of the right size, and nearly all could be cured if treated when the child is still young.

Babies' feet are normally perfectly shaped. Every effort should be made to keep them like that as your child grows older. Please make sure that his or her footwear is satisfactory in every way.

Socks or stockings must fit loosely. Do not let your child wear socks which have shrunk and are too tight. Tight socks can cause damage as well as tight shoes.

If the feet become hot and sweaty, feet and socks must be washed frequently.

See that your child wears boots or shoes which are the right size and the right shape. They must be long enough and broad enough to allow the toes room to wriggle. Do not allow them to wear pointed shoes, but try to ensure that the inner border of the shoe from the big toe to the heel is one straight line.

Like the rest of the body, a child's feet will benefit by good food, adequate rest, and plenty of exercise. Properly treated, feet should never cause trouble when a child grows up.

If ever you are in doubt consult your family doctor, the doctor in school or at the local school clinic. Arrangements can be made, if necessary, for your child to be seen by a Specialist, Chiropodist or Physiotherapist.

Yours faithfully, etc.”

The survey revealed that defects are very common in children, the tendency becoming greater as the age increases, but observable at an early age (in the case of inherited defects) to the trained eye. It also showed the value, for many reasons, of the periodic examination of children's feet. One of the points that stood out was the high standard of foot hygiene, and the greater care of the feet shown by the girls, in contrast to the boys.

After considering the report the Education Committee decided to appoint a part-time chiropodist, and Miss N. W. Sloan, a member of the Society of Chiropodists, was chosen out of many applicants. She began duty on 3rd December 1951, and undertakes two sessions weekly at two of the school clinics. The children who were found at the survey to have foot defects requiring treatment were referred to her for further investigation and treatment. In future many of the children whom the assistant school medical officers or school nurses find with foot defects will also be referred to her. As treatment was begun so late in 1951 the number treated was necessarily small. A full report of the work done in this Service will be made in the Annual Report for 1952.



## MANCHESTER SCHOOL CHILDREN IN SWITZERLAND

In October 1951 the Secretary of the "Swiss Mountain Cure Aid for British Children" wrote and asked if we would like to send five Manchester pupils suffering from asthma with a party of children from other cities in Britain who had been invited to stay at Malix in Switzerland, in December. This offer, which was gratefully accepted, was the second. The first was in November 1950, but it was cancelled because the funds available through the generosity of the Swiss people were needed to help the Swiss victims of the Avalanche.

The arrangements for the visit were made as soon as possible, and children suffering from asthma, attending the Committee's Day and Residential Open-Air Schools, were examined. Five severe cases (three boys and two girls) were chosen whose parents willingly agreed that they should visit Switzerland, where the pure mountain air would do them so much good. The children were again medically examined before leaving Manchester and were insured against personal accident whilst travelling. On 10th December, in the charge of a school nurse, they left by train for London, and spent the night in a London Hostel. The following morning they set off in a Swiss Air Lines plane from London Airport at 11.5 a.m. and landed safely at Zurich about 2.35 p.m., from whence they continued their journey to Malix. The cost of travel was borne by the Education Committee.

The children are staying in a delightful mountain chalet which has been specially designed and built for the care of asthmatic and convalescent cases, and is situated at an altitude of 3,000 feet. The children who stay there are usually between the ages of three and fifteen. They are under regular medical supervision, and education is given by a qualified teacher. Their activities include learning sledding, and one-ski-ing, as part of their graduated exercises.

The first medical reports were received February 1952, and it is gratifying to learn that all children had shown a definite improvement, and that four of the five had also gained weight.

## MISCELLANEOUS MEDICAL EXAMINATIONS

Teachers and other members of the Education Authority's staff continue to be medically examined on appointment to the service, and two half sessions each week were devoted to this work by assistant school medical officers. Members of the staff who have been absent from duty for a lengthy period owing to serious illnesses are medically examined prior to resuming duty and, if considered necessary, remain under medical supervision for some time.

Students awarded University Scholarships and those leaving Training Colleges on completion of a teacher training course are medically examined at the Central Clinic. Nursery students entering a course of training also undergo a medical examination by an assistant school medical officer and an X-ray examination of the chest is arranged at the Manchester Chest Clinic.

The following table details the number of staff medical examinations carried out during the year :—

New appointments—teachers .. .. .	405
New appointments—nursery students .. .. .	48
New appointments—other staff .. .. .	244
Staff resuming duty after prolonged illness .. .. .	59
Students awarded university scholarships .. .. .	58
Students leaving Training Colleges .. .. .	90
	<hr/>
	904

## MEDICAL EDUCATION

### GENERAL MEDICAL QUALIFICATIONS

Arrangements were made during the year for several doctors studying for the Diploma of Child Health to visit clinics and special schools, to enable them to observe the medical and educational aspects of special educational treatment.

### HEALTH VISITORS' CERTIFICATE COURSE

The School Health Service has again co-operated with the Health Department in providing training for nurses wishing to qualify as Health Visitors.

Lectures and visits were organised for thirty-six students, under the supervision of the Superintendent of School Nurses. A detailed account of the arrangements made is given in her report headed "The School Nursing Service".

### TRICHOLOGY

Students of Trichology at Newton Heath Technical College made a series of weekly visits to school clinics to study diseases of the hair and scalp. They also accompanied nurses to observe general uncleanness inspections of school children.

These students must complete 60 hours of such training before being admitted to the final examination of the Institute of Trichologists.

### CHILD GUIDANCE CLINIC

The Child Guidance Clinic is nationally recognised as a training centre for workers in child psychiatry, and is used by the Victoria University and the National Society for Mental Health for this purpose.

During the year, one doctor has completed the course in Child Psychiatry and practical training for mental health students has been given under the guidance of the Medical Director by the psychiatric social workers.

### MISCELLANEOUS

The School Health Service has arranged, as in former years, for lectures and demonstrations in Anatomy and Physiology to be given to students of the Education Committee's Pre-Nursing Training Course.

Assistant School Medical Officers have willingly responded to many requests to address groups, including Parent-Teachers' Associations, and Adult Education Classes, on various medical topics concerned with Health Education.

## MOBILE SHOWER UNIT

During the year the Mobile Shower Unit continued to provide warm shower baths at fortnightly intervals to children in attendance at twelve schools in the poorer housing areas of the city.

A full account of the operations of the Unit was given in the Annual Report for 1949 and reference to this branch of the Service was made in Chapter IV of the report of the Chief Medical Officer of the Ministry of Education for the years 1948 and 1949.

The shower bath facilities, which are enjoyed by the children and appreciated by parents and teachers, add a practical contribution to the general campaign for cleanliness and are invaluable as a medium for Health Education.

Apart from stoppages on fifteen days, due to inclement weather, the Unit was in operation during the whole year, including school holidays. This resulted in the total number of shower baths given rising to 19,055, as compared with 18,364 in the year 1950.

In view of requests that have been received from other schools, an attempt is to be made during 1952 to revise the time table of the Unit so that some additional schools can be added to the rota without increasing the staff or cost of the Unit.

## EMPLOYMENT OF CHILDREN

Children who work outside school hours on delivery of newspapers and orders for tradesmen and those who participate in theatrical entertainments are required by the Bye-Laws relating to the Employment of Children to be medically examined before a licence is granted. The examinations are made at the Central Clinic on Saturday mornings. This year 1,743 children who wanted to do delivery work and 216 for participation in entertainments were examined. Compared with last year there has been an increase of 106 and 46 respectively and additional medical officers have been allocated for duty. One child only was rejected on medical grounds, 130 were found to have minor defects and referred for treatment and in the latter cases a probationary certificate was issued pending the defect being remedied.

Section 8 (d) of the new Employment of Children Bye-Law, which came into operation last year, requires children in employment to be examined every three months in addition to the initial medical examination. Arrangements were made for the re-examination to take place on Saturday mornings at the clinic nearest to each child's home. During the year 1,654 children were invited to attend and 932 were re-examined. None of the children were rejected as unfit and only thirteen were found to have minor defects.

The results of the medical examinations were sent to the School Welfare Department in order that appropriate action could be taken.

Number of children initially examined for delivery work . . . . .	1,743
Number of children initially examined to participate in entertainment . . . . .	216
TOTAL . . . . .	1,959
Number of children rejected as unfit . . . . .	1
Number of children with minor defects and referred for treatment . . . . .	130
Number of children notified for re-examination . . . . .	1,654
Number of children re-examined . . . . .	932
Number of children rejected as unfit . . . . .	Nil
Number of children found to have minor defects . . . . .	13



## CLOTHING AND FOOTWEAR

The Education Committee has continued to provide clothing and footwear in accordance with the Education (Miscellaneous Provisions) Act 1948, Section 5.

If the parents' income is within the scale laid down by the Committee, clothing and footwear are provided, either free of cost or on payment of an amount defined by the scale.

During the year ending 31st December 1951, clothing and footwear were issued to 5,144 children, of which 4,693 were free cases and 451 on payment.

On a somewhat dissimilar basis, however, all the children in the Committee's Boarding Special Schools have been provided with clothing while in residence on a "user only" basis. Such clothing was given to the children on discharge if it appeared likely that hardship would otherwise ensue.

## YOUTH EMPLOYMENT SERVICE AND MEDICAL RECORDS

The School Health Service has continued to collaborate with the Committee's Youth Employment Service in accordance with the recommendations of the Ministry of Education and the Disabled Persons (Employment and Training) Act.

Confidential school medical reports giving the Medical Officer's appropriate recommendations for employment are forwarded to the Youth Employment Bureau about children found to be suffering from temporary or permanent physical or mental disability, which may restrict their choice of employment. These reports are completed at the last periodic medical inspection in school.

Handicapped pupils attending the Day and Residential Special Schools are specially examined prior to leaving, and in all cases reports are prepared for the guidance of the officers of the Bureau.

Reference to the work of the Employment Bureau in connection with handicapped pupils who have left school and entered employment is given in the section of this Report dealing with "After-Care of Handicapped Pupils."

A statement of the procedure adopted by the staff of the Bureau was given in last year's Annual Report, and we are grateful to the Supervisor for contributing the following account which illustrates some of the interesting cases dealt with during the year :—

"The Youth Employment Department of the Education Committee has again been able to be of much practical help to those boys and girls who, being physically handicapped, require especial assistance on leaving school if they are to choose the right sort of career, secure an entry into the employment advised, and make progress. With the experience of some thirty-five years of Manchester industries and of the individual employers in the area, the Youth Employment Officers are in a good position to give counsel and assistance of this nature. To illustrate the results of such vocational guidance,

it is desirable to narrate the actual cases. Generalities are inadequate, for the cases of individual boy and girl are of course very different one from the other. The following reports are therefore of interest, although it should be emphasised that this number does not by any means represent the full number of children thus helped during the year.

#### CASES

1. Boy. 15 years.—Right arm amputated. This boy was not interviewed at school—later called at the Youth Employment Bureau with his father. He was registered as a Disabled Person and after considering the kind of work which he could reasonably be expected to do, he was introduced to a firm of Belt and Brace Manufacturers. The machine to be operated lent itself to a left-handed operative. In November, 1951, after being fitted with an artificial limb, he was so pleased with the wider range of work then open to him that he called at the Bureau to ask for employment “in a hospital of some kind where he could show other handicapped boys” his new-found manual dexterity. He was accordingly placed as a messenger in the occupational therapy department of a hospital.
2. Boy. 16 years.—This boy has no hands. On leaving the Special School he was registered as a disabled person so that he could be put forward for training at the Denton Rehabilitation Centre. This was duly accomplished (during the training he received 20s. 0d. a week plus travelling and lunch expenses) and on the completion of the course he was placed where he is being trained as an Engineer's Storekeeper in a firm of Motor Engineers who were known to the Bureau as sympathetic employers.
3. Boy. 15 years.—A sufferer from paralysis of the left leg, his Headmaster asked for special consideration to be given. An occupation where he would be seated was, of course, obvious, but he was not suitable for office work. He was therefore placed with a firm of commercial advertisers and display artists on interesting work within his capacity.
4. Girl. 16 years.—This girl was an inmate of a residential Special School and was unable to read or write. She was under the supervision of the Mental Health Department. Of very small stature and appearance, and able only to perform very simple work, she was placed with a firm of Pea Packers upon whom the Bureau prevailed to engage her.
5. Girl. 17 years.—This girl, from a Day Special School, was severely handicapped. Wearing irons on both legs she was also blind in one eye and was only mobile in a wheel chair. A Youth Employment Officer, after visiting a firm of handkerchief manufacturers, then personally conducted the girl for interview. She was engaged and the firm was good enough to have one of their machines specially altered to enable the girl to operate it more conveniently.
6. Boy. 17 years.—This boy lost his right hand when 12 years of age. On leaving school he had obtained employment through a friend, but this, it appeared, was only as a messenger boy. His father brought him to the Bureau in the hope of a more progressive post, for he was a studious boy. He was placed as a junior clerk with a firm which has since reported his good progress in their employ.
7. Girl. 15 years.—This girl was experiencing difficulty in obtaining employment for the unusual reason that she was but 4 ft. high and had also had long periods of absence from school. Special visits of a Youth Employment Officer to employers were necessary to discover some form of work from which her stature would not debar her and as a result she was placed in light packing work as a folder. As this firm sends the junior employees to a Day Continuation School, she will be able to improve her education and at the same time join in the general activities of girls of her own age.
8. Boy. 17 years.—A youth with a series of physical difficulties came to the Bureau. His appearance was not smart, and he had a catarrhal infection, was minus front teeth, and slightly deaf. He had been ill with nephritis since leaving school and seemed generally anaemic. A number of employers were contacted and finally a light job in umbrella making was secured.

9. Girl. 16 years.—This girl suffered from facial paralysis. Although her frequent absences from school had affected her education the Headmistress spoke well of her other qualities. It was decided that an office post, and one in a small office and with an understanding employer, would be best, and after speaking to a firm of Tailors, she was duly engaged. At the suggestion of the Youth Employment Officer the firm also agreed to send her, in working hours, to a commercial course at a Day Continuation School.
10. Girl. 15 years.—This school leaver desired to be a shop assistant, but had a deformed right hand, the fingers being only one inch in length. This was a handicap which prevented many shops from employing her by reason of her difficulty in handling merchandise. We therefore approached those firms whose commodities would be within the girl's capacity, and finally placed her as a trainee saleswoman with a firm of Retail Stationers in their Gift Dept. of pens, pencils, calendars, etc.
11. Girl. 17½ years.—Badly disabled with "spastic" paralysis, this girl's Headmistress reported her ability in handwork. Whilst we were proceeding to arrange some vocational training for her in a Government Training Centre, the personnel manager of a firm of cardboard box manufacturers called in the Bureau. Her case was mentioned to him and he decided that she would be a success in one of the Departments of his firm. She was then conducted to the firm and duly engaged.
12. Boy. 15 years.—This boy was suffering from a chronic abscess of the leg bone and wore a full length caliper. He needed light employment, but as he was intelligent and ambitious, a progressive post. (In addition, a job which would permit him to attend hospital as an out-patient.) He was placed with a firm making Drawing Office supplies, his first job being that of working on "true to scale ruling".
13. Boy. 16 years.—This boy had met with an industrial accident in his first job, losing three fingers of his right hand. After interviewing him and his parents it was decided that an apprenticeship in painting and decorating would be a good choice. A training course was arranged at the Government Training Centre, and on completion of this he was successfully introduced by the Bureau to a firm of Decorators.
14. Girl. 16 years.—Crippled in the left arm and unable to grip with the hand, this girl was placed in the Cash Department of a firm which has a good welfare department, who undertook to keep a sympathetic eye on her performance.
15. Girl. 18 years.—Since leaving the Special School at 16 years this girl had not worked owing to illness. Her parents now considered that her health would permit light employment and she was placed as an artificial flower maker.
16. Girl. 17 years.—Although this girl had been in attendance at the Victoria Park Occupational Centre and was obviously of very low mental calibre, it was realised that she was desperately keen to find work as an alternative to returning to the Centre. Mental disability presents greater difficulty to employment than physical handicaps, but nevertheless after a personal visit to the employer by a member of the Bureau staff, the girl was placed, and is still employed, as a domestic help at a Sisters of Charity Hostel.

## THE SCHOOL MEALS SERVICE

The School Meals Service Officer has kindly supplied the following report :—

During the year ended 31st March 1951 the total number of dinners served was 8,312,421.

The returns for the 30th March 1951 show that 44.97 per cent of the children in attendance at school that day had school dinners, as compared with 42.5 per cent on a similar day in the previous year.

During the year, seven new self-contained canteens were opened, and six canteens for dining only (five of them in schools). The use of one private restaurant was discontinued and five canteens for dining only were closed. At the 31st March 1951 the School Meals Service was operating forty self-contained canteens (each with its own kitchen), two hundred canteens for dining only, and eighteen central kitchens. In addition a small



number of children attended two restaurants for dinner according to arrangements made by the Education Committee with the owners of the restaurants.

Considerable attention was given to the dietetic value of the meals served and all kitchens were supplied with new menu books which were specially designed for the planning of well-balanced school dinners. The meat ration was maintained at 2·6d. per dinner except for a period of three months at the end of 1950 when the ration was raised to  $2\frac{3}{4}$ d. per dinner. The protein content of the dinners was further improved by the use of dried milk. This is used in custard, milk pudding, mashed potatoes, etc., in addition to the normal quantity of liquid milk.

### *Milk in Schools*

The supply of school milk was maintained throughout the year. One third of a pint of milk is supplied daily to all school children who wish to have it and an additional third of a pint to those attending schools for delicate children. Particulars of the number and percentage of children having milk are given in Appendix III.

## APPENDIX I

### CANTEENS IN OPERATION AND THE NUMBER OF DINNERS SERVED TO CHILDREN ON FRIDAY, 30TH MARCH 1951

	No.	Free Meals	Part Payment	Full Payment	Total
Self-contained canteens ..	40	706	97	10,757	11,560
Canteens for dining only ..	200	4,405	490	22,961	27,856
Purchased meals .. ..	6	56	3	810	869
	246	5,167	590	34,528	40,285

## APPENDIX II

### NEW CANTEENS OPENED DURING THE YEAR 1950-51

<i>Self-contained Canteens</i>							<i>Capacity</i>
Aspinal .. ..	..	..	..	..	..	..	500
Baguley Hall Primary ..	..	..	..	..	..	..	500
Brownley Green Senior ..	..	..	..	..	..	..	600
Crossacres Infants ..	..	..	..	..	..	..	250
Crossacres Junior Mixed ..	..	..	..	..	..	..	375
Secondary School of Art ..	..	..	..	..	..	..	100
Temple .. ..	..	..	..	..	..	..	500
<i>Canteens for Dining only</i>							<i>Capacity</i>
Charlestown Primary School ..	..	..	..	..	..	..	500
Christ Church (Harpurhey) ..	..	..	..	..	..	..	186
Heald Place Senior Boys ..	..	..	..	..	..	..	175
Moss Side Baptist Centre ..	..	..	..	..	..	..	632
Nichols Hospital (Armitage Street School) ..	..	..	..	..	..	..	200
St. John's, Longsight ..	..	..	..	..	..	..	116

## APPENDIX III

	Feb., 1949	Oct., 1949	Feb., 1950	Oct., 1950	Feb., 1951
Number of children taking milk ..	73,479	81,105	76,330	82,171	79,326
Percentage of children in average attendance taking milk ..	94·8	91·6	91·5	91·9	88·2

# MEDICAL INSPECTION RETURNS

YEAR ENDED 31st DECEMBER, 1951

TABLE I

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

## A. PERIODIC MEDICAL INSPECTIONS

Number of inspections in the prescribed groups :

Entrants .. .. .	12,020
Second Age Group .. .. .	8,350
Third Age Group .. .. .	6,985
<b>TOTAL .. .. .</b>	<b>27,355</b>
Number of other periodic inspections .. .. .	2,223
<b>GRAND TOTAL .. .. .</b>	<b>29,578</b>

## B. OTHER INSPECTIONS

Number of special inspections .. .. .	52,087
Number of re-inspections .. .. .	64,402
<b>TOTAL .. .. .</b>	<b>116,489</b>

## C. PUPILS FOUND TO REQUIRE TREATMENT

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :

<i>Group</i>	<i>For defective vision (excluding squint)</i>	<i>For any of the other conditions recorded in Table II A</i>	<i>Total individual pupils</i>
(1)	(2)	(3)	(4)
Entrants .. .. .	141	3,630	3,694
Second Age Group .. .. .	1,284	2,320	3,221
Third Age Group .. .. .	1,380	2,084	3,158
<b>Total (prescribed groups) .. .. .</b>	<b>2,805</b>	<b>8,034</b>	<b>10,073</b>
Other periodic inspections .. .. .	300	491	721
<b>GRAND TOTAL .. .. .</b>	<b>3,105</b>	<b>8,525</b>	<b>10,794</b>

TABLE II

## A. RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		Number of Defects		Number of Defects	
		Requiring treatment (2)	Requiring to be kept under obser- vation but not re- quiring treatment (3)	Requiring treatment (4)	Requiring to be kept under obser- vation but not re- quiring treatment (5)
4	Skin .. ..	913	90	7,174	7
5	Eyes —				
	(a) Vision.. ..	3,105	489	6,938	1,847 including approx. 450 squint cases
	(b) Squint.. ..	888	132	2,556	12
	(c) Other .. ..	237	32	3,283	3
6	Ears —				
	(a) Hearing .. ..	234	142	295	20
	(b) Otitis Media ..	301	71	1,381	10
	(c) Other .. ..	264	34	1,937	1
7	Nose or throat ..	2,435	1,491	3,485	158
8	Speech .. ..	144	257	91	33
9	Cervical glands ..	78	268	68	41
10	Heart and circulation	434	506	218	61
11	Lungs .. ..	767	539	189	76
12	Developmental —				
	(a) Hernia.. ..	50	92	9	4
	(b) Other .. ..	79	81	31	9
13	Orthopaedic —				
	(a) Posture .. ..	341	322	128	35
	(b) Flat foot .. ..	732	255	305	17
	(c) Other .. ..	731	400	1,332	19
14	Nervous system —				
	(a) Epilepsy .. ..	57	28	12	1
	(b) Other .. ..	136	146	63	12
15	Psychological —				
	(a) Development..	51	36	45	12
	(b) Stability .. ..	59	73	20	4
16	Other .. ..	915	505	23,217	84

## B. CLASSIFICATION OF THE GENERAL CONDITIONS OF PUPILS INSPECTED DURING THE YEAR IN THE AGE GROUPS

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. ..	12,020	3,638	30·27	8,002	66·57	380	3·16
Second Age Group ..	8,350	2,329	27·89	5,807	69·55	214	2·56
Third Age Group ..	6,985	2,256	32·29	4,601	65·88	128	1·83
Other Periodic Inspections .. ..	2,223	694	31·22	1,463	65·81	66	2·97
TOTAL .. ..	29,578	8,917	30·15	19,873	67·19	788	2·66



TABLE III

## INFESTATION WITH VERMIN

(i) Total number of examinations in the schools by the school nurses or other authorised persons .. .. .	398,834
(ii) Total number of individual pupils examined .. .. . (approx.)	115,000
(iii) Total number of individual pupils found to be infested .. .. .	10,678
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) .. .. .	834
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) .. .. .	254

TABLE IV

## TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)

## GROUP I — DISEASES OF THE SKIN (excluding uncleanness, for which see Table III)

						<i>Number of cases treated or under treatment during the year: by the Authority. Otherwise</i>	
Ringworm — (i) Scalp .. .. .	..	..	..	..	..	22	2
(ii) Body .. .. .	..	..	..	..	..	46	—
Scabies .. .. .	..	..	..	..	..	304	1
Impetigo .. .. .	..	..	..	..	..	662	1
Other skin diseases .. .. .	..	..	..	..	..	5,504	152
TOTAL .. .. .						6,528	156

## GROUP II — EYE DISEASES, DEFECTIVE VISION AND SQUINT

						<i>Number of cases dealt with : by the Authority. Otherwise</i>	
External and other, excluding errors of refraction and squint .. .. .	..	..	..	..	..	2,944	68
Errors of refraction (including squint) .. .. .	..	..	..	..	..	10,946	427
TOTAL .. .. .						13,890	495
Number of pupils for whom spectacles were							
(a) Prescribed .. .. .	..	..	..	..	..	5,611	51
(b) Obtained .. .. .	..	..	..	..	..	5,315	48

## GROUP III — DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

					<i>Number of cases treated : by the Authority. Otherwise</i>	
Received operative treatment						
(a) For diseases of the ear .. .. .	..	..	..	14	92	
(b) For adenoids and chronic tonsillitis .. .. .	..	..	..	527	990	
(c) For other nose and throat conditions .. .. .	..	..	..	56	115	
Received other forms of treatment .. .. .	..	..	..	3,402	114	
TOTAL .. .. .				3,999	1,311	

# GROUP IV — ORTHOPAEDIC AND POSTURAL DEFECTS

(a) Number treated as in-patients in hospitals .. .. .	54
(b) Number treated otherwise, e.g., in clinics or out-patient departments :	
(i) By the Authority .. .. .	1,625
(ii) Otherwise .. .. .	105

# GROUP V — CHILD GUIDANCE TREATMENT

	<i>Number of cases treated : in the Authority's Child Guidance Clinics      Elsewhere</i>	
Number of pupils treated at Child Guidance Clinics ..	318	4

# GROUP VI — SPEECH THERAPY

Number of pupils treated by Speech Therapists :	
(a) By the Authority .. .. .	383
(b) Otherwise .. .. .	5

# GROUP VII — OTHER TREATMENT GIVEN

	<i>Number of cases treated : by the Authority.      Otherwise</i>	
(a) Miscellaneous minor ailments .. .. .	22,976	541
(b) Other than (a) above (specify) :		
(i) Ultra-violet ray .. .. .	678	29
(ii) De-infestation (Advisory Clinic) .. .. .	1,628	
(iii) Respiratory exercises .. .. .	188	
(iv) Diphtheria immunisation —		
Primary doses .. .. .	5,933	
“Booster” doses .. .. .	26,438	
Incomplete doses .. .. .	1,210	
	<hr/> 33,581	
TOTAL .. .. .	<hr/> 59,051	<hr/> 570

TABLE V

## DENTAL INSPECTION AND TREATMENT

(1) Number of pupils inspected by the Authority's Dental Officers :							
(a) Periodic age groups .. .. .							36,037
(b) Specials .. .. .							12,615
						TOTAL (1)	48,452
(2) Number found to require treatment .. .. .							33,388
(3) Number referred for treatment .. .. .							31,324
(4) Number actually treated .. .. .							24,654
(5) Attendances made by pupils for treatment .. .. .							39,650
(6) Half-days devoted to :							
Inspection .. .. .							253
Treatment .. .. .							4,253
						TOTAL (6)	4,506
(7) Fillings :							
Permanent teeth .. .. .							9,179
Temporary teeth .. .. .							1,216
						TOTAL (7)	10,395

(8)	Number of teeth filled :								
	Permanent teeth	..	..	..	..	..	..	..	8,432
	Temporary teeth	..	..	..	..	..	..	..	1,216
					TOTAL (8)	..	..		9,648
(9)	Extractions :								
	Permanent teeth	..	..	..	..	..	..	..	5,937
	Temporary teeth	..	..	..	..	..	..	..	29,948
					TOTAL (9)	..	..		35,885
(10)	Administration of general anaesthetics for extraction					..	..	..	10,285
(11)	Other operations :								
	Permanent teeth	..	..	..	..	..	..	..	5,869
	Temporary teeth	..	..	..	..	..	..	..	992
					TOTAL (11)	..	..		6,861

TABLE VI

## HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES

[illegible]



TABLE VII

## SCHOOL HEALTH SERVICE STAFF AND SCHOOL CLINICS

I. — STAFF OF THE SCHOOL HEALTH SERVICE (excluding Child Guidance)  
ON 31ST DECEMBER 1951

	Number	Aggregate staff in terms of the equivalent number of whole-time Officers
(a) Medical Officers —		
(i) Whole-time School Health Service ..	18	17
(ii) Whole-time School Health and Local Health Services .. .. .	1	·1
(iii) General practitioners working part- time in the School Health Service ..	6	2·73
(b) Dental Officers .. .. .	15	12·9
(c) Physiotherapists .. .. .	7	6·36
Speech Therapists .. .. .	5	5
Chiropodist .. .. .	1	·18
(d) (i) School Nurses .. .. .	74 (+7)*	74 (+7)*
(ii) Number of the above who hold a Health Visitor's Certificate .. ..	5	5
(e) Nursing Assistants .. .. .	9 (+7)*	9 (+7)*
(f) Dental Attendants .. .. .	13	13

\* In Residential Special Schools.

NUMBER OF SCHOOL CLINICS: 15.

## II. — TYPE OF EXAMINATION AND/OR TREATMENT PROVIDED AT THE SCHOOL CLINICS

Examination and/or treatment	Number of School Clinics (i.e., premises) where such treatment is provided —	
	Directly by the Authority	Under arrangements made with Regional Hospital Boards
(1)	(2)	(3)
A. Minor ailment and other non-specialist examination or treatment .. ..	11	Nil
B. Dental .. .. .	12	„
C. Ophthalmic .. .. .	11	„
D. Ear, Nose and Throat .. .. .	1	„
E. Orthopaedic .. .. .	2	„
F. Paediatric .. .. .	—	„
G. Speech Therapy .. .. .	4	„
H. Others—Cardio-Rheumatic .. ..	1	„

## III — CHILD GUIDANCE CENTRES

- (1) Number of Child Guidance Centres provided by the Authority: 1.  
 (2) Staff of Centre:

	Number	Aggregate in terms of the equivalent of whole-time Officers
Psychiatrists .. .. .	3	·73
Educational Psychologists .. ..	1	1
Psychiatric Social Workers .. ..	3	2·36

The Psychiatrists are directly employed by the Authority.





